PARENTAL USE OF CHILD FEEDING PRACTICES AND OUTCOMES IN CHILD AND ADOLESCENT NUTRITION

A Thesis

by

GENEVIEVE CONNORS YELEY

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

December 2003

Major Subject: Nutrition

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December 2003
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ABSTRACT

Parental Use of Child Feeding Practices and Outcomes in Child and Adolescent Nutrition.

(December 2003)

Genevieve Connors Yeley, B.S., Texas A&M University

Co-Chairs of Advisory Committee: Dr. Alex McIntosh
Dr. Karen Kubena

The incidence of childhood and adolescent overweight in the United States is increasing at an alarming rate and is now considered the most prevalent nutritional disease of children and adolescents in this country. Although much attention has focused on genetic research, and heredity is an unarguable component of obesity, the role of the environment must be considered because genetic changes over entire populations are not likely to occur at such a rapid rate.

In observing today's environment where energy-dense foods abound, restaurant dining has increased, and children are more sedentary than ever, the current trends in child/adolescent weight status are not surprising. This study digs to the heart of worrisome eating habits by exploring the development of these behaviors in the family. Previous studies show that parents' use of child feeding practices is related to their children's weight status. It is hypothesized that children of parents who utilize highly controlling feeding strategies (pressure, restriction, monitoring) will have nutrient intakes and weight indicators that are either higher or lower than the average for children whose parents exert less control over the eating domain. The objective of this research is to discover if significant relationships exist between parental child feeding strategies and child/adolescent overweight or underweight and nutrient intake.

Birch's model explaining familial resemblances in eating and weight status was tested using her previously validated Child Feeding Questionnaire, standard anthropometric techniques, three days of diet records, and a previously validated child questionnaire. Three-hundred and twelve children/adolescents, 254 mothers, and 245 fathers from the Houston Metropolitan Statistical Area completed interviews, and data was analyzed with the Statistical Analysis System (SAS). Results confirmed the validity of Birch's model and previous studies that found significant relationships between child feeding strategies and children's nutrition status. Parents who pressured their children to eat (motivated by concern about the child being underweight) were more likely to have children with lower BMI percentiles and skinfolds while parents who monitored or restricted the child's intake had children with higher BMI percentiles and skinfold thicknesses. No clear relationships were found between feeding styles and nutrient intake.

DEDICATION

This chapter of my life is dedicated to Ryan, my husband, true love, and soul mate. I want to thank you for believing in me when I wanted to give up and for the endless support, encouragement, and prayers that have enabled me to finish the race. Throughout this process, you have exemplified the meaning of true, unconditional love and have caused me to love you all the more. Words cannot express the depth of my gratitude, and I hope to spend my lifetime reciprocating this gift.

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I would never have survived the statistical analysis without the technical expertise of Dr. Jordan. Your amazing computer skills allowed our team to make sense of this hard-earned data. I appreciate the way you were so unselfish with your time and talents – you are truly an asset to the department!

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TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

TABLE Page

CHAPTER I

INTRODUCTION

Childhood and Adolescent Overweight

The incidence of childhood and adolescent overweight in the United States is increasing at an alarming rate. A 54% rise in the prevalence of child overweight over the past two decades explains why this condition is now considered the most prevalent nutritional disease of children and adolescents in this country; in fact, 25% of children and adolescents are either at risk of being overweight or are overweight (1-4). This epidemic has received much attention not only because it is associated with chronic diseases (such as hyperlipidemia, hypertension, noninsulin-dependent diabetes mellitus, cardiovascular disease, certain cancers and more), but because overweight children are also at risk for social stigmatization that can lead to abnormal psychosocial development, negative self-image, and eating disorders (1, 2, 4-8). In addition, obesity tracks over time (9); 80% of overweight adolescents become obese adults (10), which is worrisome because 300,000 US adults die each year due to obesity-related causes (11).

Many theories have attempted to characterize the root of this disturbing disease, but its multifactorial etiology has made the cause and cure very elusive. Because obesity appears to be hereditary, much research has been geared toward investigating genetic factors (3, 12-15). Children of two obese parents have a much greater risk of becoming

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This thesis follows the style of *The Journal of the American Dietetic Association.*

obese than children of nonobese parents (13-17). Although genetic differences may account for 30-50% of the variance in adiposity within a population, heritability estimates do not describe individuals or provide information about the way genetics and the environment interact during the child's development to influence his phenotype for energy intake and expenditure (12). Indeed, the rapid secular increase in the prevalence of obesity cannot be attributed to genetic factors alone (18); the role of the environment must be considered because genetic changes over entire populations are not likely to occur at such a rapid rate (3). Hill notes that our genes have not changed substantially during the past two decades. The culprit may be an environment which promotes behaviors that cause obesity (19).

Rosenbaum et al. suggest that, although no clear environmental factors have been identified as causing obesity, its rapid increase and the rather unchangeable nature of adult body fatness are evidence that the childhood environment can be altered to affect body weight (3). When we analyze the behavioral shifts in dietary patterns, physical activity, and other environmental characteristics that have occurred over the past decades, some worrisome trends elucidate the importance of non-genetic factors. Fast food restaurants, convenience marts, and vending machines have increased the availability of energy-dense, inexpensive, palatable foods, and families are eating meals outside the home more frequently (20-22). Portion sizes have expanded as fast as our waistlines, and there has been a dramatic increase in the consumption of soft drinks (23, 24). Meal patterns are becoming more irregular. The frequency of meals skipped and snacks consumed is increasing and also shifting away from the home (21, 22, 25-32). In addition, levels of physical activity have declined in the wake of increases in television watching and other sedentary activities (33, 34).

Unfortunately, there are few studies that focus on delineating environmental factors implicated in the etiology of childhood obesity, and the gene-environment correlation has not received adequate attention (19, 35, 36). Birch et al. assert that genetic factors can include behavioral predispositions that affect food intake and expenditure (18). The issue is further complicated due to the fact that genes and environments tend to be correlated and are hard to separate when they both come from the child's parents. Therefore, this study will attempt to shed light on an environmental component that incorporates genetic influence by examining the family. Specifically, it will address the environmental etiology of childhood and adolescent overweight by comparing parents' child feeding practices and child / adolescent weight and nutrition status.

CHAPTER II

LITERATURE REVIEW

Obesity and Related Complications

Obesity is a disorder of energy metabolism. Subtle chronic imbalances between energy intake and expenditure lead to the storage of excess energy as adipose tissue (2). The recent increase in the incidence of childhood / adolescent overweight and obesity is a major cause for concern due to the associated morbidities of this disorder. Obesity in early life is predictive of coronary heart disease, hypertension, and diabetes in adulthood (37). More and more children are being diagnosed with diseases that were once thought to affect only adults. As rates of obesity and overweight increase, cases of hepatic steatosis, gallbladder disease, cardiovascular disease, type 2 diabetes, insulin resistance, dyslipidemia, hypertension, osteoarthritis, and sleep apnea are appearing more frequently in the pediatric population (1, 5, 8). The severity of these health outcomes warrants careful investigation of the factors that are involved in its etiology.

Some of the most widespread consequences of obesity in youth are psychosocial (1). Overweight and obese youngsters may be targets of discrimination which is tied to a cultural preoccupation with thinness. Such values may foster weight concerns and, especially in adolescents, the situation is then ripe for breeding negative self-images and eating disorders(1).

Trends in Energy Intake and Expenditure

Dietary intakes of children and adolescents are consistent with national trends in the food supply (37). In fact, the percentage of meals and snacks eaten at fast food restaurants has increased 200% between 1977 and 1995 (30). Larger portion sizes are typical for meals consumed outside the home, and studies by Birch and Fisher show that even five-year-olds significantly increase their intake as portion sizes increase in a pattern similar to that found for adults (19, 35, 38, 39). Studies have found that meals eaten away from home contain less fiber, calcium, and iron but more fat, saturated fat, and 55% more energy than foods consumed at home (21, 22, 28, 30). Other research shows that, among children and adolescents, eating dinner as a family is associated with healthier dietary patterns, including more fruits and vegetables, less fried foods and soda, less saturated and trans fat (40). Youths who frequently participate in family dinner have higher intakes of fiber, calcium, folate, iron, vitamins B6, B12, C and E, a lower glycemic load, and lower intakes of saturated and trans fats. Long-term increases in energy intake, common in frequent restaurant dining, and the subsequent accumulation of body fat may help to explain the rising prevalence of obesity (37, 41).

In addition, the dramatic increase in soft drink consumption happens to coincide with the increase in the prevalence of overweight youth (23). Per capita intake of soft drinks has increased by roughly 500% over the past 50 years; 74% of boys and 65% of girls consume these beverages daily, and one fourth of adolescents consume over 26 oz of soft drinks per day (23, 24). Because soft drinks are the leading source of added sugars in the diet (23), it is little surprise that children who consume high amounts of soda also consume significantly more energy, sugar, and less milk. Some researchers who have found an increase in BMI and the frequency of obesity for each additional serving of sugar-sweetened beverage claim that the consumption of these drinks is associated with obesity in children (23). Aside from excessive energy intake, there is concern that if soft drinks are displacing milk and fruit juice in the diets of children and adolescents, the intake of calcium and other micronutrients needed for peak bone mass and proper growth could be inadequate (24).

Researchers have noticed that during the period when the prevalence of childhood and adolescent overweight grew significantly, the frequency of snacking in these age groups also increased (25). Energy consumed from snacks has increased by 26% and the number of snacks per day has risen by 14% since 1977 (21, 22, 25, 28, 29). Interestingly, meal skipping has increased along with the number of snacks. Breakfast consumption has declined significantly between 1965 and 1991 among children and adolescents (27). Individuals who consume breakfast regularly are shown to have better micronutrient intake and dietary quality than those who do not (42). Ortega et al. report that normal weight subjects consume breakfasts with a greater variety of foods, spend longer eating them, and consume larger breakfasts than overweight and obese subjects (43). From these findings, it is hypothesized that eating a nutritious breakfast may help control body weight due to a decline in impulsive snacking and dietary fat intake. Adolescents with a consistent meal pattern (2-3 meals per day regularly) are found to be leaner and have a more nutrient dense diet than those with an inconsistent meal pattern, which supports the link between obesity and skipping meals (26).

Overall, the diets of children and adolescents today appear to be low in fruits, vegetables, grains, fiber, dairy products, iron, folate, and calcium, and high in sodium, fat, and refined sugars (26, 44-51). Although energy intakes and the percentage of energy from total and saturated fat do not seem to have increased, they are still above recommended levels; recent data shows that 45% of total energy intake for ages 2-19 comes from discretionary sugar and fat (21, 45, 52). In a study comparing adolescent diet patterns and weight status with the Healthy People 2010 objectives, adolescent boys and girls were found to be above the target level of BMI values at or greater than the 95^{th} percentile and were below the target intakes for calcium, fruit, vegetables, and grains (48).

While the intake side of the energy balance equation has stayed relatively the same, the expenditure side has steadily decreased. Gortmaker classifies television viewing as a strong risk factor for childhood and adolescent obesity; it is associated with a decrease in the remission of obesity, decreased activity levels, and it may influence food selection (33). Studies are showing that greater time spent watching television is associated with higher intakes of energy, fat, sweet and salty snacks, carbonated beverages, lower intakes of fruit and vegetables, and lower levels of vigorous activity (22, 34, 53, 54). Next to sleeping, television occupies the greatest amount of leisure time during childhood, which leaves little time for physical activity (34); in fact Strauss et al. found that children are inactive for roughly 75.5% of the day (55). In light of these findings, it is not surprising to see associations between the number of hours of television watched and the prevalence of obesity; researchers are finding that skinfold thickness and BMI increase as time spent watching TV increases (22, 34, 53). Television seems to contribute to obesity through reduced energy expenditure from displacement of physical activity and increased dietary energy intake either during viewing or as a result of food advertising (56). All of these factors that create an imbalance between intake and expenditure are contributing to today's "obesigenic" environment (19, 57).

Because epidemiologic studies that have attempted to relate nutrient intakes with obesity have generated disappointing results, more studies are needed to understand how specific environmental factors affect total energy intake (37). This study explores aspects of parenting that are involved in creating environments that foster the development of obesity.

Parents create the child's environment, starting with the choice of an infant feeding method, and decide which foods will be made available in what quantities, and in which social context (35). They modulate the extent of exposure to television and other media influences and employ certain child feeding practices that influence the child's developing eating behaviors. The family environment shapes the development of food preferences, patterns of food intake, eating styles, and patterns of activity which affect the child's weight status. In order to understand how the complex family environment contributes to the outcome of obesity in children and adolescents, it may be helpful to explore some basic theories about parenting style and its effects on child development.

Parenting Styles

Much child development research has focused on how child rearing practices affect a child's social, cognitive, and emotional development (58). Investigators who extensively study family interactions have characterized parenting behavior along the dimensions of parental demandingness and parental responsiveness (59-61). Demandingness refers to the extent to which parents exert control, demand maturity, and supervise. Responsiveness indicates how much warmth, affection, acceptance, and involvement parents show their children (62). Researchers use these dimensions to classify parenting behavior into four categories that describe how parents reconcile the joint needs of children for nurturance and setting limits: authoritative, authoritarian, permissive, and neglecting (59-61). Parents generally do not use only one style. The definitions of these prototypes differ depending upon social context, developmental period, and method of assessment (63), but there is usually a dominant category that emerges as described below (59-62).

Authoritative parents are demanding, yet responsive; assertive, yet not restrictive. They are usually very involved, participate in the child's life, maintain a high level of communication and trust with the child, and express acceptance and encouragement to the child. Children from these homes generally seem to be high performers, have positive attitudes toward school, and are usually more cognitively competent than other children.

Authoritarian parents are also demanding and directive, but not responsive. They provide an orderly environment in which a clear set of rules must be followed, and they monitor their children's activities carefully. They tend to be more strict and controlling and display a low level of trust and communication with the child. This control can also be characterized as psychological control in which the adolescent feels devalued and criticized. This parenting style seems to detract from learning by discouraging problem solving and encouraging dependence on adult control and guidance. Children of these homes tend to be more passive.

On the other hand, permissive (also indulgent or nondirective) parents are more responsive than demanding and have a warm, accepting, child-centered attitude. They tend to be nontraditional and lenient and do not require mature behavior; instead they allow the child much self-regulation and autonomy. There seems to be a lack of parental control in this situation, and parents avoid confrontation with the child. Children in this undercontrolled environment tend to be more impulsive, less self-assertive and self-regulated, and are generally less cognitively competent.

At the farthest extreme, neglecting (also rejecting) parents are neither responsive nor demanding. They do not monitor or supervise the child's behavior and do not support or encourage the child's self-regulation. In addition to this non-controlling attitude, the parents are uninvolved and may reject or neglect their childbearing responsibilities altogether. These children have been shown to have lower academic achievement and seem to be the least competent of all.

Theories about parenting style have been effective in predicting child and adolescent outcomes in the domains of academic achievement, social competence, psychological development, substance abuse and other forms of deviance. Several researchers have found that authoritative parenting is associated with a wide range of positive adolescent outcomes such as better academic performance (64-67), increased competence, autonomy, and self-esteem (65, 66, 68), less deviance (65, 68, 69), and a well-rounded peer group orientation (70). Steinberg and Lamborn found that the benefits of authoritative parenting transcended ethnicity, socioeconomic status, and family structure. Regardless of these factors, authoritatively reared children earned higher grades, were more self reliant, reported less anxiety / depression, and were less likely to engage in delinquent behavior longitudinally (66, 67).

In contrast, authoritarian child rearing techniques were associated with low self esteem, an external locus of control, poor performance on achievement tests, and more internalizing problem behaviors (59, 65, 68, 69). Steinberg et al. suggest that increased distress in adolescents from authoritarian homes may be due to continued exposure to a home environment that is psychologically overpowering and developmentally inappropriate (66).

Children from permissive or indulgent homes exhibit a lack of competence, self-regulation, social responsibility, and independence, and report heavier use of illicit drugs than other adolescents (59, 61, 65, 66, 68). Permissive parenting is also associated with impulsive, aggressive behavior in children and adolescents (59, 68).

Adolescents from unengaged or neglecting homes have been found to differ from all other adolescents in their high incidence of externalizing problem behavior, including drug and alcohol use (65, 66, 68, 69). They also differed in their low communal behavior and cognitive competence (68).

In a study examining measures of parental caring and overprotection in bulimia, Pole et al. found that parenting style was perceived to be different by bulimics compared with controls (71). Bulimics thought their mothers were significantly less caring; this study suggests that the eating disorder may be related to inadequate parental empathy. A study done by Hill et al. found that mothers and dieting daughters were less satisfied with current family cohesion and family organization than the non-dieting comparison group (72). They assert that dissatisfaction with family functioning has been detected in families with adolescent dieters and those with an adolescent suffering from an eating disorder. Although there may be differences in the way parents and children perceive parenting style, the child's experience may have more of an influence on his or her behavior; outcomes have been shown to be related more to their own perceptions of parenting than to their parents' perceptions (73).

Many of these sociological and psychological theories provide a potential explanation for parental influences on children's diets and nutrition, but this connection has been largely ignored. Given the success with which these models predict other forms of adolescent behavior and outcomes, the lack of attention to these models in the study of eating habits and nutrition is disappointing. If studies indicate that parenting style influences adolescent behavior in a variety of domains of development (academic achievement, social competence, psychological development, substance abuse and other forms of deviance, etc.), it is reasonable to believe that parenting behaviors should influence nutritional behaviors and outcomes as well. Specifically, parenting style has been shown to influence deviance, and if deviance can mean deviance from average height and weight norms (60), or a deviation from Western Society's acceptable weight standards, it follows that parenting practices may also influence the development of obesity and deviant eating patterns in children and adolescents. Children may rebel through their control and selection of food and beverages (74).

Parental Control and Child Feeding Practices

Constanzo and Woody's domain-specific model for the parenting of deviant dispositions in children suggests that in areas of deviant behavior, parents' constraints on children produce problems in the child's self-control. Such problems tend to intensify the original deviant behavior or can create disregulatory problems in children who previously showed no obvious difficulties. In their model, they present two sources of elevated concern and constraint on the part of parents: a child's exhibition of deviance in a given domain, and a parent's own child-irrelevant social values and concerns about a given domain. These investigators focused on the development of obesity-prone behavior as the form of deviance (60). Parents who detect a tendency toward obesity in their children are likely to become highly concerned because of the deviant status of obesity in our culture and because of potentially negative social consequences that parents envision. The parents' concern may lead to restrictive, constraining strategies of parental intervention (the child's access to food may be limited and regulated by the parent). They predict that this concern will interfere with the child's natural learning about self-regulation in eating. High parental concern may also influence the child to internalize the values of a slender physique and dietary self-control, but the parental control strategies tend to undermine the child's development of self-mediated eating regulation which is necessary in attaining these values. The product of this high concern and constraining parenting is a child who experiences guilt, anxiety, and restraint over eating behavior. They found that such parenting behaviors predicted increased externality and brittle control for the child in the eating domain (60). In fact, their studies showed that parental constraint (restraint of child's food intake) was highly correlated with the daughters' weight level (60). They contend that high levels of parental involvement, even if motivated by concern for the child, may interfere with the child's optimal development and conclude that parents become hypersurveillant and constraining when highly concerned about negative developments in their children. Such strategies are likely to be counterproductive for children's development of internalized controls in the domains in question.

These authors also suggest that parents do not have a single parenting style, but that their style differs between the parents, across the domains of the child's development, and across children within the same family (60). They state that parenting style is tailored to the child based on parental concerns in a specific domain and note that studies of parenting should differentiate according to the context, domain, and the individual child. They further suggest that many psychological outcomes that are affected by parenting are situation or domain-specific.

In agreement with that sentiment is the idea that the family environment is experienced differently by people within the same family. Environmental effects can be categorized as either shared or nonshared; shared environments are perfectly correlated for family members and affect their phenotypes in the same way, but nonshared environments are experienced differently and produce different phenotypes across family members (16, 75). Costanzo and Woody claim that nonshared effects are common within families because parent-child interactions are bidirectional. Within families, parenting practices differ across siblings because of differences in age, gender, abilities, temperament, etc. (60). Feeding environments are nonshared because child feeding practices are partly a reaction to the child's phenotype at that point in development (35). Birch and Fisher claim that child-specific aspects of the family environment include mothers' child feeding practices and perceptions of daughter's risk of overweight; these factors may represent nonshared environmental influences on daughters' eating and relative weight (75). They contend that although nonshared environments seem to account for a large part of the population variance in overweight, they remain unspecified and unmeasured. In light of this, studies that measure the family environment are needed to improve our understanding of the etiology of childhood and adolescent overweight.

Klesges et al. found a significant correlation between parental encouragements to eat, a domain-specific behavior, and the relative weight of the child (76, 77). Their findings suggest that parental behaviors may influence the development of childhood obesity. It seems that the authoritarian parent may exert too much control such that the child's attitudes may move in the opposite direction from the parent's values. In addition, permissive parents do not exert enough pressure for internalization to occur, but the authoritative parent can reach optimal internalization. The authoritative parenting style, which is purported to promote such internalization, may lead to the development of more self-control and a reduction in the risk of obesity.

Fletcher et al. suggest that parenting styles and characteristics may be reflected in feeding styles and practices, which can be a barometer of the parent-child relationship (78-

80). Feeding style refers to the distribution of control in the interactions between the parent and child in the feeding setting. This group strengthens the link between parenting styles and feeding practices by adapting Baumrind's parenting styles model to the parent-child feeding relationship and issues of control of food intake (63, 78). In this comparison, feeding style may also be characterized in terms of control.

In the authoritarian / demanding style, the feeding is adult-controlled; parents control all aspects of the child's eating habits including what, when, and how much they eat. Here, control is external to the child. With authoritative / responsive parents, there is a cooperative feeding style in which there is shared responsibility in feeding between the parent and child. Although this control is shared, the focus on food and energy intake relies on the child's internal cues. Permissive / indulgent parenting is characterized by a child-controlled feeding style. Children control the eating environment, including the selection of food, timing of meals, and amounts eaten.

Other researchers have noticed that lack of parental care for a child's well-being has a highly significant association with obesity in young adulthood. Parental neglect during childhood predicts an increased risk of obesity in young adulthood (81). These findings suggest that the cooperative feeding style (i.e. authoritative) creates the optimal environment for the child's development of self-control over energy intake (78, 82). Several researchers contend that the parent should provide healthy food choices, provide a structured eating environment, and model appropriate eating habits, but allow the child to control how much is eaten (20, 78, 82, 83).

Several studies conducted by Birch report that in the absence of adult attempts to impose external controls on eating, infants and young children show evidence of responsiveness to caloric density and internal hunger and satiety cues, and are capable of adequate self-control of food intake, as indicated by adequate growth and health (35, 84-86). Responsiveness to inherent hunger cues can be easily disrupted, however, by child feeding practices that refocus the child from internal hunger and satiety cues to aspects of the eating environment. This reduced responsiveness to internal mechanisms of intake regulation has been associated with greater childhood weight (75, 82, 87). These researchers found evidence linking parents' child feeding practices to child weight status (18, 75, 82).

Parents of heavier children report using higher levels of control in the feeding context. In fact, Fisher and Birch found that children's adiposity predicted maternal restriction, and higher levels of maternal restriction predicted higher levels of the child's snack food intake (87). In a model (Figure 1) Birch developed to explain familial factors hypothesized to promote family resemblances in eating and weight status, there are genetic links between parent and child weight status, but also many environmental influences. These environmental influences focus on parent-child interactions. The child's weight status is influenced by parental eating style, the parent's use of certain child feeding practices, and the child's own eating behavior (35).

After all, parents control the variety, frequency, and macronutrient content of foods served to children, but also affect children's developing food acceptance patterns which, in turn, influence their food preferences and intake (88). Children's food preferences tend to relate to the variability of the macronutrient content of their diets, and Fisher even found that children with the strongest preferences for high-fat foods had the highest fat intakes, had greater adiposity, and had heavier parents (89, 90). Experimental work indicates that parents

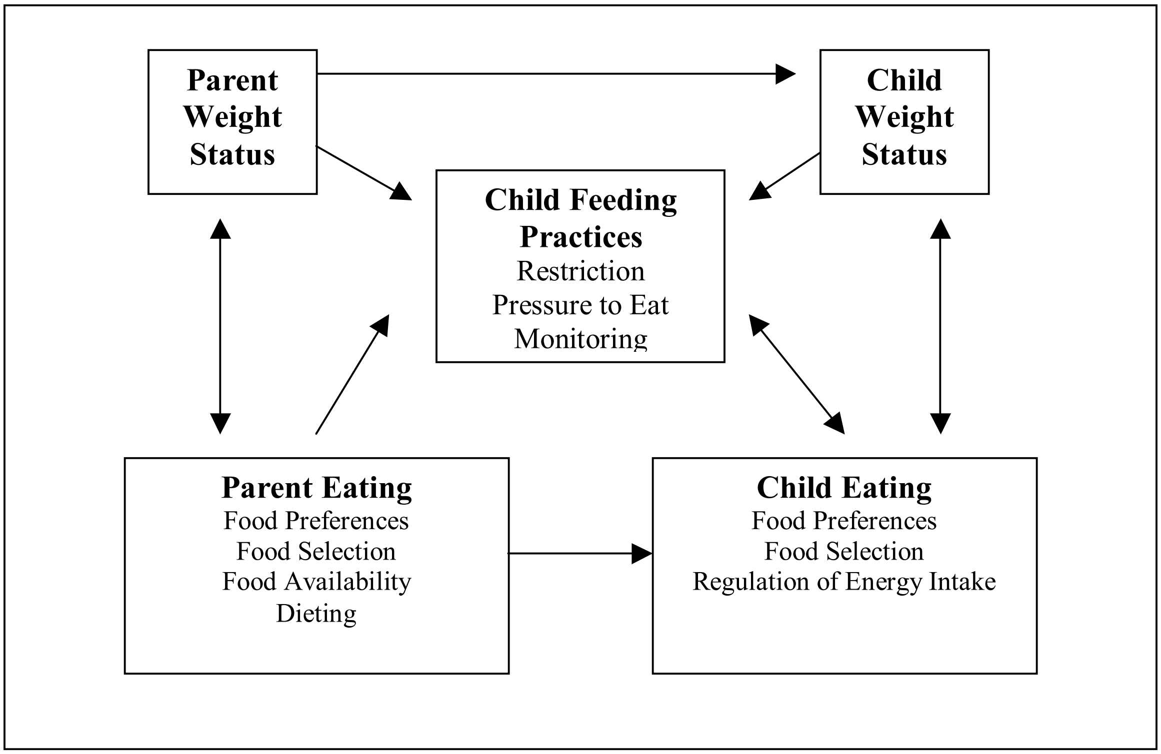

FIG 1. Birch's behavioral mediators of family resemblances in eating and weight status model (35).

tend to control child eating via restricting access to food, pressuring the child to eat, or strictly monitoring the child's eating behavior (35, 85, 91-93). Restriction is the extent to which parents limit the child's access to "unhealthy" foods. Pressure to eat refers to parents' attempts to increase the child's intake of "healthy" foods by pressuring the child to eat more of a particular food. Parents tend to use these two practices in an attempt to make their children's diets follow the dietary guidelines. Results from these studies show that pressuring children to eat healthy foods increases intake but decreases preference for those foods, while restricting access to snack and junk foods increases the intake of those foods when parents are not monitoring. Such feeding practices can impede the development of inherent self-control or cause existing internal regulation to disappear. Restriction of access to food has been associated with negative self-evaluation in girls and may promote intake of these foods as well as eating in the absence of hunger (7, 87). Similar findings suggest that mothers who exert greater control over their child's food intake have children who demonstrate less ability to self-regulate energy intake and have higher body fat stores (82). This model illustrates one of several ways in which the family environment, specifically child feeding practices, can mediate familial links in adiposity. According to Birch, child feeding practices play a causal role in the development of individual differences in the controls of food intake and possibly in the etiology of energy balance problems such as childhood obesity (18).

Dietary Restraint and Disinhibition

Dietary restraint measures the extent to which people believe they exercise cognitive control in regulating their own eating behavior while dietary disinhibition measures how difficult it is for a person to stop eating once begun (89). Birch and Fisher found that parental adiposity was positively related to dietary restraint and disinhibition in that parents with higher BMIs reported high levels of cognitive control in regulating their own food intake and difficulty in controlling their eating. A higher degree of maternal restraint was related to higher degrees of the mother's restriction of her daughter's intake (89). They later found that greater maternal restriction in turn predicted less short-term regulation of energy intake by daughters (75). The authors contend that restrictive feeding practices may discourage self-control of eating by increasing the child's desire to eat the forbidden food, even when not hungry, and may be implicated in the etiology of disinhibited eating.

Further studies corroborate these findings by demonstrating that highly controlling child feeding practices may promote the development of dietary restraint and disinhibition in girls at a young age (94). Parents who report difficulty in controlling their own eating have children who fail to adjust their eating in response to the caloric density of the diet. Those mothers who cognitively control their own intake tend to employ especially controlling child feeding practices (75, 82). Parental concern and control in the feeding domain may send children the message that their weight status is undesirable and that they are not capable of controlling their eating habits (7). A study done by Hood et al. found that parental disinhibition and restraint may be associated with an increased risk for obesity in the child. These parents may undermine the child's autonomy in food choices by imposing excessive control over the child's diet and by modeling inappropriate eating behavior (95).

Purpose and Objectives

Although there is a considerable amount of literature on parenting, little of this research relates parental feeding strategies to nutritional indicators in children and adolescents. In the quest to understand the etiology of the recent increase in child and adolescent overweight, much attention has focused on genetic factors. Few studies have assessed the extent to which parents create environments that promote overweight in children, and more studies are needed to delineate the environmental factors implicated in the etiology of child and adolescent overweight (35). The role of parents in influencing children's eating and nutritional outcomes is not well understood, and little is known about transmission of feeding styles and practices (78). Knowledge about feeding styles and practices will help define parent-child feeding relationships and may help to explain some factors involved in the rapid increase in child overweight and obesity.

Parents play a central role in shaping the family eating environment by influencing food choices, timing and availability of meals, eating behavior, the amount of control the child has over the feeding domain, and the social context and emotional tone of meals (18, 35, 36). This study will capture several of these features of the eating environment through the child / adolescent questionnaire, physical exam, and parent questionnaires. This study is unique in that it will examine feeding practices / attitudes from the perspectives of the mother, father and child / adolescent. No studies to date have compared each of these perspectives with such a diverse age range. In addition, most of the research in this area is obtained from white, middle class samples, so this study will contribute a multi-ethnic perspective to the issue.

The purpose of this study is to address one aspect of the family environment and it's possible role in the etiology of childhood and adolescent overweight; namely the relationship between parents' child feeding practices and child / adolescent weight and nutrition status. It is hypothesized that children of parents who utilize highly controlling feeding strategies (pressure, restriction, monitoring) will have nutrient intakes and weight indicators that are either higher or lower than the average for children whose parents exert less control over the eating domain. The objective of this research is to discover if significant relationships exist between parental child feeding strategies and child / adolescent overweight or underweight and nutrient intake as estimated by three days of dietary intake.

CHAPTER III

MATERIALS AND METHODS

The Parental Time, Role Strains, Coping, and Children's Diet and Nutrition project was funded by the USDA Food Assistance and Nutrition Research Program. Prior to the study, approval from the Institutional Review Board of Texas A&M University was obtained, and data was collected between July 2001 and June 2002.

Sample

A random sample of households from the Houston Metropolitan Statistical Area (MSA), Texas was generated via random-digit dialing. The Houston MSA was chosen because it has the largest concentration of minority groups in the state, and it is urban but includes several rural communities. Median family income is $51,212 with 11.1 % of families living below the poverty level. Thirty-five point three percent of employed people hold managerial or professional positions, 28.7 % of children under 18 live with two parents, and 99 % of these children also live in families were both parents are employed (96, 97). While census data shows that the ethnicity of the Houston MSA is comprised of 46 % White, 17.2 % Black, 5.2 % Asian, and 29.9 % Hispanic, the study sample turned out to be (for fathers) 81.6 % White, 4.5 % Black, 2.0 % Asian, and 11% Hispanic; (for mothers) 76.0 % White, 11.4 % Black, 1.3 % Asian, and 11.0 % Hispanic; (for children) 71.6 % White, 11.3 % Black, 1.6 % Asian, and 12.9 % Hispanic.

A sample of ten-thousand randomly generated phone numbers was obtained from Survey Sampling, Incorporated. This number was based on an estimated contact rate of 50 percent, cooperation rate of 50 percent, and completion rate of 60 percent. This phone number base was used in order to minimize calls to unassigned, business, or government agency phone numbers. An advantage of random digit dialing as compared with published phone numbers is that random digit dialing allows the inclusion of unlisted phone numbers in the working population of phone numbers. In addition, it is cheaper and faster to generate a sample by phone than by in-person contact (98). On the other hand, it results in lower response rates possibly because it is harder to turn someone down in a face-to-face situation. In person, it is also easier to prove the authenticity of the project by showing identity cards, etc.

Initial contact with households ascertained the eligibility of at least one parent and a child in the proper age range who were willing to participate. In order to detect bivariate relationships that are significant at the .05 level (one-tailed test) with a statistical power of 90 percent, 212 children / adolescents and their mothers were needed (99). Additionally, this sample was disproportionately stratified because of an attempt to over-sample female-headed households so they would represent 20% of the families interviewed. In actuality, the sample contained 18.6 % single mothers.

Survey data was collected by interviewing over 300 families. Three-hundred and twelve children / adolescents (159 boys, 153 girls) completed the interview and diet records while 58 single mothers and 254 two-parent households (245 fathers) completed telephone interviews and self-administered questionnaires. This sample was drawn from the population of families that have children between the ages of 9-11 or adolescents aged 13-15. These age groups were selected because problems arise in children's ability to provide detailed data about themselves when they are younger than age 9, and parents have been shown to have increasingly less influence on adolescents over the age of 15 (100). Children aged 9 and above can be expected to provide reliable responses to semi-structured interviews, may be acquiring a mature understanding of health and knowledge of nutrition, and are at the age where intervention may be critical for life-long health (101). Twelve-year-olds were excluded because they are in a state of pubertal transition between childhood and adolescence.

Scheduling Interviews

If a family expressed interest in participating during the initial contact call, a consent form for the mother and father (if present), and an assent form for the child were mailed to their residence along with a self-addressed, stamped envelope. When the consent and assent forms returned to Texas A&M, a file was created for the family, and a scheduler called to set up an appointment for the child household interview and the parent telephone interviews. At this point, the scheduler called a trained child interviewer to give pertinent information and directions to the child's residence.

Parent Questionnaire

Both mothers and fathers underwent an identical 30-minute interview over the telephone that was scheduled at their convenience. All interviewers were trained in the protocol of gathering data over the phone. Questions included information regarding employment, working conditions, personal health / health practices, and the monitoring and control of children's eating.

Portions of Birch's Child Feeding Questionnaire were adapted for this sample (36, 102). The Child Feeding Questionnaire (CFQ) is a self-report measure to assess parental beliefs, attitudes, and practices regarding child feeding with a focus on obesity proneness in children (36). In order to ascertain the role of parents' child-feeding practices within the family context on the etiology of childhood overweight, a measure of parenting practices is needed to assess feeding practices and beliefs outside the laboratory. The CFQ is such a tool and is based on Costanzo and Woody's theory regarding the role of domain specific parenting in children's obesity proneness (60). Birch utilized confirmatory factor analysis to test a 7-factor model which included four factors measuring parental beliefs with regard to a child's obesity proneness and three factors measuring parental control and attitudes regarding child feeding. These seven dimensions included four factors related to parental perceptions and concerns that may prompt controlling child-feeding practices (perceived parent and child weight, parental concern about child weight, and parental responsibility). The other three factors assessed parental attitudes and practices in child feeding, including the use of restriction, pressuring children to eat, and monitoring (36). This model was tested several times, and each time confirmed internal consistencies and the validity of the instrument. The authors note that the CFQ can be used to assess aspects of child feeding perceptions, attitudes, and practices and their relationships to children's developing food acceptance patterns, controls of food intake, and obesity. Because this questionnaire was designed for use with parents of children ranging from age 2 to age 11, we adapted questions to fit our range of 9 to 11 and 13 to 15 years of age.

Child and Adolescent Questionnaire

The questionnaire used during the child / adolescent interview obtained data regarding how the subjects are parented along with their dietary and health habits. It has been used in previous research to elicit information about children's diet and exercise practices, body weight, relationships with parents, peer influences, and health related behaviors. Some questions that were used in this analysis include "my mother / father thinks

I weigh too much / need to gain weight / need to exercise more," and "are you dieting to lose weight?"

Diet Records and 24-Hour Recall

Subjects' daily energy intakes were estimated by conducting one multiple-pass 24-hour recall and instructing the subjects to keep diet records for two days. With the multiple-pass 24-hour recall method, participants first provided a free-recall list of all foods consumed within the 24-hour period prior to the appointment. This was followed by structured prompts regarding food descriptions and amounts and a final review of the recall information to solicit any changes or additions from the participant (75, 103). Two weekdays and one weekend day were randomly selected during either the summer or school year depending upon when the interview was conducted. The two days for keeping the food records were selected based on the date of the interview. Measuring cups and spoons, a ruler, and portion-size posters were used as a visual aid for estimating amounts of foods eaten (104). To aid in estimating portion sizes for the food records, subjects were allowed to keep the two-dimensional food posters. The same interviewer who conducted the recall obtained the food records over the phone on a scheduled day. Average daily energy and nutrient intakes were estimated from the data collected over the three days and analyzed with the Food Processor SQL Nutrition Analysis and Fitness Software (105). Daily averages were transferred to the Statistical Analysis System (SAS) for further analysis.

Anthropometry

Height, weight, waist / hip circumference, and triceps and subscapular skinfold measurements were obtained by trained interviewers following procedures described by Lohman et al. and Lee and Nieman (106, 107). Children were dressed in light clothing and were measured without shoes. BMI (wt in kg/ht^2 in m) is an accepted measure for defining overweight in children and adolescents (58, 108, 109). The definition of overweight among children is a statistical definition based on the 2000 Centers for Disease Control and Prevention growth charts for the United States. Overweight is defined as at or above the 95th percentile of body mass index for age. At risk for overweight is defined as at or above the 85th percentile, but less than the 95th percentile of BMI for age (110). Because overweight is categorized by percentiles, we used the SAS program developed by the Centers for Disease Control and Prevention to calculate BMI percentiles for each child. The resulting percentiles were used in the data analysis.

Height was measured to the nearest 1/8th of an inch using a non-stretchable metal tape measure and a metal triangle while the subject was wearing light clothing, no shoes, and standing on a non-carpeted surface. Weight was measured to the nearest 0.5 pound using a 12” by 12” 500 pound parcel scale (Scales Plus, Collierville, TN).

Waist circumference was measured to the nearest 0.1 cm at the narrowest area below the rib cage and above the navel (or at the navel if no narrow section) using a flexible nylon tape measure. Hip (buttocks) circumference was measured around only the undergarment layer while the subject was standing. The flexible nylon tape was used to measure to the nearest 0.1 cm at the point of greatest circumference around the buttocks. Because waist-to-hip ratio (WHR = waist circumference in cm/hip circumference in cm) is a significant independent predictor of percent body fat, this measurement was used in the analysis. This ratio is an indicator of central obesity, where a higher ratio is associated with greater central adiposity and possibly greater visceral adiposity (111). Research done by Daniels et al. suggests that in subjects with similar BMI, those with higher waist-to-hip ratios have a greater percent body fat. It has been shown that central obesity may be a more important risk factor for cardiovascular outcomes than peripheral obesity. Central obesity is associated with increased insulin resistance, higher circulating insulin levels, elevated blood pressure, and decreased HDL-cholesterol (111).

Triceps and subscapular skinfold measurements were taken on the right side and were done in triplicate to the nearest millimeter using a Lange Skinfold Caliper (Cambridge Scientific Instruments, Cambridge, MD). The average of the three measurements from each skinfold were added to create a continuous skinfold variable used in analysis.

Tanner staging was used to determine sexual maturity, and the average of the scores for developmental stage and secondary sex characteristics was used in analysis. Sexual maturity ratings are recommended to interpret and control for differences among individuals in the maturational tempo not indicated in reference growth curves for BMI and triceps-skinfold thickness (23, 111). Gonadal hormones alter the rate of growth and the pattern of fat deposition during adolescence (112). According to Daniels et al., the stage of sexual maturation is a more important determinant of percent body fat than age. Therefore, percent body fat at a given BMI will differ depending on the level of sexual maturation. The negative regression coefficient for maturation stage indicates that there is a relatively lower body fat percentage in more sexually mature children of similar BMI. In addition, they found that for a similar BMI and maturation stage, boys have a lower percent body fat than girls and white subjects have a higher percent body fat than blacks for a given BMI after controlling for gender and maturation stage (111). The relationship between BMI and body fatness in children and adolescents is dependent on maturation stage, race, gender, and waist-to-hip ratio.

Data Analysis

The Statistical Analysis System (version 9.0; SAS Institute Inc, Cary, NC) was used to perform all analyses. Normality for all variables was assessed with normal probability plots, and transformations were made if non-normality was detected. Such transformations included taking the log, square or cube root, squaring or cubing the variable depending upon the direction and magnitude of the skew (113).

Heteroscedasticity (non-constant variance of the errors) was detected through residual plots and the White and Breusch-Pagan diagnostic tests. In order to correct the models that exhibited heteroscedasticity (the form was unknown), Generalized Method of Moments (GMM) was run to obtain efficient estimates of the parameters for each model that could not disprove heteroscedasticity.

Outlier tests for regressions showed the magnitude of the outliers. Studentized residuals were used because they are somewhat better than ordinary residuals for assessing normality, especially in the presence of outliers. Influence diagnostics are measures of the influence of each observation on the parameter estimates. These diagnostics include the hat diagonal values, standardized residuals, and studentized residuals. Cook's D, Dffits, Covratio, and Dfbetas also measure the effect of deleting observations. Residual plots helped to identify the outliers visually and were confirmed by the above tests. An attempt was made to compare the model with and without some major outliers, and due to the only slight improvement of fit and adjusted r^2, a decision was made to keep the outliers in the analysis.

Principal components analysis was performed on the feeding style and perception questions in order to combine and explain variables designed to measure the same underlying concept. This technique was used to identify the components or factors that explain common variance among variables, to reduce measurement error, and to reduce the data by grouping variables that measure a common construct (114).

For example, three questions from the parent questionnaire that could be grouped into the component "monitoring" (of the child's intake) are: "how much do you keep track of the sweets (candy, ice cream, etc.) that your child eats?", "how much do you keep track of the snack foods (chips, etc.) that your child eats?", and "how much do you keep track of the high fat foods that your child eats?" A question designed to measure parental pressure to make the child eat is "I have to be especially careful to make sure my child eats enough." Parental concern about the child's eating habits could be measured by asking "How concerned are you about your child eating too much when you are not around him / her?" Perception factors were measured by asking how children feel about their weight status and how they think others perceive their weight. Children were asked questions such as, "do you think you are: very thin, slightly thin, about average, slightly overweight, very overweight?", and "do you think others believe you weigh too much?"

Principal components analysis evaluates all sources of variability for each variable, and resulting components can be subjected to varimax rotation to make them easier to interpret. In this case, each cluster of questions was found to have only one factor, so rotation was not possible. In order to determine the number of components to retain, Kaiser's rule was applied, which states that eigenvalues (amount of total variance explained by each factor) of 1.0 or greater are required for component acceptance. This means that it is more likely that the questions are truly measuring the intended concept, and they can then be combined into respective components. A higher proportion of variance value is desirable to indicate that the component accounts for most of the variability in the original variables.

Each variable in a component had to load at 0.4 or greater to be part of a component (114). Higher loadings indicate better correlations between individual variables in the cluster and the component itself, again reiterating that the questions actually are measuring the desired concept.

Another benefit of asking multiple questions based on a concept is to reduce measurement error. Random error tends to cancel out across multiple measures, and Chronbach's alpha was used to measure reliability and determine the degree of existing random error. High correlations among variables suggest that there is a true relationship among them and therefore little random error. By examining correlations among variables, this procedure determines the amount of random error. Although an alpha of 0.80 or greater is considered reliable for widely used scales, slightly lower values are acceptable for scales that are not widely used (115). In this study, Chronbach's alpha for the components was 0.65.

Variables and components were also correlated with one another using Pearson's product moment correlation coefficients in order to identify relationships between parental factors, child factors, and obesity indicators. Variables with a correlation of $p \leq 0.05$ were then tested for linear relationships using ordinary least squares regression analysis ($p \leq 0.05$). Ordinary least squares regression was used to test the hypothesis that parents' child feeding practices are significantly related to their child's nutrition status.

Study Approval

The protocol for this study was approved by the Texas A&M University Institutional Review Board for research involving human subjects. The study participants were monetarily compensated for their participation and were told that they would receive reports detailing the analysis of the child's nutritional status. The use of incentives in family studies has been shown to increase response rate. Without an incentive paid to each participant, the likelihood of losing at least 1 of the sample members is high. In The Iowa Youth and Family Study, when participating family members received $20 for each hour of time given to the study, there was a greater than 80 % response rate (116). After estimating the time necessary for each family member's interview, we decided to pay children $25, mothers $20, and fathers $15 in proportion to the amount of time required for each respondent to complete his or her portion of the study.

CHAPTER IV

RESULTS

Parental Feeding Practice and Child Weight Perception Components

Ten questions drawn from Birch's Child Feeding Questionnaire pertaining to the feeding style or attitude parents employ in the realm of their child's eating were subjected to principle components analysis (102). This procedure resulted in three components for mothers and fathers, one for each of the three variable groupings, so varimax rotation was not possible. The feeding practice components were named: pressuring the child to eat (pressure), monitoring / restricting the child's intake (monitoring / restricting), and concern about the child being overweight (concern). Chronbach's alpha for each overall scale exceeded .65. There were four items representing parental pressure on the child to eat. The principal components analysis of these questions explained 51% of the variance in the items. Principal components analysis of three questions measuring parental monitoring / restriction of intake explained 94% of the variance in these items, and analysis of the three parental concern about child weight questions explained 80% of the variance for those items (Table 1). Principal components analysis of the paternal factors (Table 2) explained the following percentage of variance for each group within the ten items: pressure 50%, monitoring / restricting 95%, and concern 80%.

Children answered fourteen questions pertaining to their weight status. These questions assessed children's perceptions of their own weight and how they thought others viewed their weight. Principal components analysis condensed three distinct factors from these questions. Like the parents' factors, each group of questions resulted in one component, so varimax rotation was, again, unnecessary. These components were named: mother's perception of child weight (mother perception), father's perception of child weight (father perception) and child's perception of overweight (child perception). Note that although the perceptions were named for the mother, father, and child, all of the questions were coming from the child's perspective; for example, "my mother / father thinks I am overweight." Of the three factors (Table 3), principal components analysis of the six questions representing the child's perception that his mother thinks he is overweight explained 42% of the variance for those questions. Six questions representing the child's belief that his father thinks he is overweight explained 44% of the variance for that factor, and the child's perception of his own overweight explained 74% of the variance for that component. Chronbach's alpha for this scale also exceeded .65.

Table 1
Principal components analysis[a] of maternal child feeding practices

Variables	Pressure to eat	Monitoring/ restricting intake	Concern about weight
	Components		
My child should always eat all of the food on his/her plate.	0.55		
I have to be especially careful to make sure my child eats enough.	0.80		
If my child says "I'm not hungry," I try to get her/him to eat anyway.	0.70		
If I did not guide or regulate my child's eating, she/he would eat much less than she/he should.	0.78		
How much do you keep track of the sweets (like candy, ice cream, cakes, pies, pastries) that your child eats?		0.98	
How much do you keep track of the snack food (like potato chips, Doritos, cheese puffs) that your child eats?		0.98	
How much do you keep track of the high fat foods that your child eats?		0.95	
How concerned are you about your child eating too much when you are not around him/her?			0.90
How concerned are you about your child having a diet to maintain a desirable weight?			0.86
How concerned are you about your child becoming overweight?			0.92
Proportion of variance explained	0.51	0.94	0.80
Coefficient alpha	0.65	0.65	0.65

[a] the numbers in the table are factor loadings
n = 309

Table 2
Principal components analysis[a] of paternal child feeding practices

Variables	Components: Pressure to eat	Components: Monitoring/ restricting intake	Components: Concern about weight
My child should always eat all of the food on his/her plate.	0.54		
I have to be especially careful to make sure my child eats enough.	0.74		
If my child says "I'm not hungry," I try to get her/him to eat anyway.	0.71		
If I did not guide or regulate my child's eating, she/he would eat much less than she/he should.	0.82		
How much do you keep track of the sweets (like candy, ice cream, cakes, pies, pastries) that your child eats?		0.97	
How much do you keep track of the snack food (like potato chips, Doritos, cheese puffs) that your child eats?		0.98	
How much do you keep track of the high fat foods that your child eats?		0.97	
How concerned are you about your child eating too much when you are not around him/her?			0.88
How concerned are you about your child having a diet to maintain a desirable weight?			0.87
How concerned are you about your child becoming overweight?			0.92
Proportion of variance explained	0.50	0.95	0.80
Coefficient alpha	0.65	0.65	0.65

[a] the numbers in the table are factor loadings
n = 245

Table 3
Principal components analysis[a] of child's perception of overweight by self and parents

Variables	Components: Perception of child weight (from mother)	Perception of child weight (from father)	Perception of child weight (from child)
My mother thinks I weigh too much.	0.78		
My mother talks about dieting all the time.	0.58		
My mother thinks I eat too much.	0.64		
My mother thinks I need to exercise more.	0.61		
My mother thinks we should exercise together.	0.46		
My mother thinks we need to go on a diet together.	0.78		
My father thinks I weigh too much.		0.76	
My father talks about dieting all the time.		0.55	
My father thinks I eat too much.		0.72	
My father thinks I need to exercise more.		0.68	
My father thinks we should exercise together.		0.52	
My father thinks we need to go on a diet together.		0.73	
Do you think you are slightly/very overweight?			0.86
Do you think others believe you weigh too much?			0.86
Proportion of variance explained	0.42	0.44	0.74
Coefficient alpha	0.65	0.65	0.65
N	312	283	310

[a] the numbers in the table are factor loadings

Correlations

The theoretical model used in this study was adapted from Birch's model developed to explain familial factors hypothesized to promote family resemblances in eating and weight status. The modified version (figure 2) was used to test the hypothesis that parental child feeding strategies are related to child nutrition status. Models within this theoretical framework are represented by numbered arrows, and the reported results are divided and

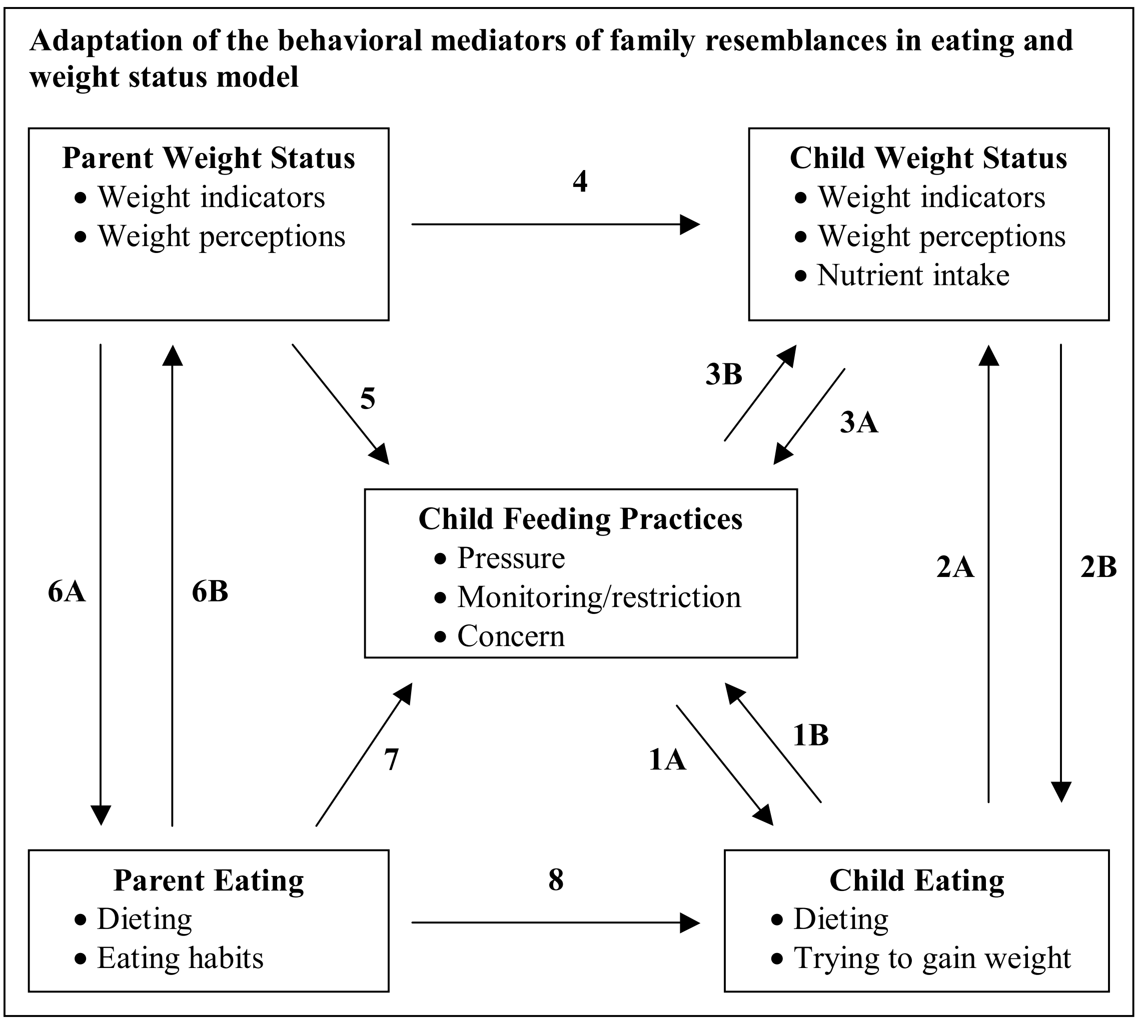

FIG 2. Theoretical model adapted from Birch (35).

labeled according to their respective numbers. Correlations between parent and child variables follow in the discussion below and are reported if they are significant at or below p-values of 0.05. Correlation and regression tables may be found in Appendix A.

Model 1A & B

Males were more likely to be dieting currently if the mother expressed more concern about the child being overweight (Table 4). Females were less likely to be currently dieting when mothers and fathers placed more pressure on them to gain weight (Table 5). Males were also more likely to have dieted in the past with higher levels of maternal concern (Table 6). Females were, again, less likely to have dieted in the past with higher maternal and paternal pressure to gain weight, but were more likely to have dieted in the past when they felt more paternal concern about overweight (Table 7).

When mothers expressed more concern about the child being overweight, males were less likely to attempt to gain weight (Table 8). Females were more likely to attempt to gain weight when mothers exerted more pressure to gain weight (Table 9).

Model 2A, B, C

Male currently dieting was positively associated with BMI percentile, waist-hip-ratio, skinfold measurements, and perceptions of overweight stemming from themselves, their mothers and fathers (Table 10). Females also showed positive associations between current dieting and body mass index (BMI) percentile, skinfold measurements, and perceptions from themselves, their mothers and fathers that they are overweight (Table 11).

Male dieting in the past was significantly positively associated with the child's BMI percentile, waist-hip-ratio, skinfold measurements, and perceptions of overweight from self, mother and father. Past dieting was negatively associated with the child perceiving himself as underweight (Table 12). For females, past dieting was also significantly positively related to her BMI percentile, waist-hip-ratio, skinfolds, and perceptions of overweight by self, and both parents, but negatively associated with perceptions of underweight (Table 13).

The male trying to gain weight had negative associations with BMI percentile, skinfolds, and self-perception of being overweight, but a positive relationship with perceiving himself as underweight (Table 14). Females who were trying to gain weight tended to have lower BMI percentiles and skinfolds, were less likely to perceive themselves as overweight, but were more likely to perceive themselves as underweight (Table 15).

There were no significant relationships found between child nutrient status and male current or past dieting or female current dieting (Tables 16, 17, 18). For females dieting in the past, however, there were negative associations with percent dietary reference intakes (DRIs) for protein, riboflavin, and vitamin B12 (Table 19). For males and females trying to gain weight, there were no significant relationships with nutrients (Tables 20, 21).

Model 3A & B

Male and female BMI percentile was negatively associated with the father and mother pressuring the child to eat but positively associated with father and mother concern about the child's chances of being overweight and mother's monitoring / restriction of her son's (not daughter's) intake (Tables 22, 23).

Male waist-hip-ratio was negatively associated with pressure from the father to eat, but positively related to the mother's concern about his chances of being overweight and his mother monitoring / restricting his intake (Table 24). For females, there was a negative association between mothers pressuring them to eat and their waist-hip-ratios (Table 25).

Skinfold measurements for males correlated positively with father and mother concern about the child's chance of being overweight and mothers' attempts to monitor / restrict their intake, but negatively with mothers' pressure for them to eat (Table 26). Female skinfold thicknesses were negatively related to pressure from the father and mother to eat, but positively associated with both parents' concern about her overweight (Table 27).

The males' own perceptions of being overweight were negatively correlated with father and mother pressure to eat but positively associated with mother concern about their overweight and mothers monitoring / restricting their sons' intake. Male perception that his mother thought he was overweight was positively correlated with both mother monitoring / restricting his intake and his parents' concern about his overweight. Perceptions that his father thought he was overweight were positively correlated with both parents' concern about his overweight (Table 28). Females' perceptions of their own overweight were negatively correlated with father pressure to eat but positively correlated with mother concern about their daughters' overweight. If daughters perceived that their mothers thought they were overweight, there was a greater chance that the mother was concerned about her daughter's weight, and less chance that fathers pressured their daughters to eat. A daughter's perception that her father thought she was overweight was inversely related to him pressuring her to eat but positively associated with mother concern about her weight (Table 29).

If a male thought he was underweight, it was less likely that his mother or father were concerned about him becoming overweight but there was more pressure from mom to eat (Table 30). If a female thought she was underweight, there was more pressure from the father to eat, but less concern about overweight from the mother (Table 31).

The male's percentage recommended sodium intake was negatively associated with the father pressuring the child to eat (Table 32). The more fathers pressured female subjects to eat, the greater the children's intake of vitamin B6 (Table 33). Father concern about the child's overweight was inversely related to the son's total fat intake but did not correlate with any female nutrient intakes (Tables 34, 35). Fathers' monitoring / restricting of child intake was positively related to the son's intake of folate and magnesium (Tables 36, 37). Mother pressuring the son to eat was positively related to the son's intake of protein, phosphorus, and potassium while pressuring her daughter to eat increased the daughter's intake of protein and monounsaturated fat (Tables 38, 39). Mother concern about her son's overweight was negatively associated with his intake of protein, and concern about her daughter's overweight was positively related to the daughter's intake of fat, cholesterol, vitamin B6, iron, magnesium, monounsaturated fat, and sodium (Tables 40, 41). Mothers who monitored or restricted their children's intake had sons with decreased consumption of protein, increased monounsaturated fat, and daughters with increased intakes of cholesterol, folate, riboflavin, vitamin A, vitamin B6, vitamin B12, vitamin C, magnesium, zinc, and potassium (Tables 42,43).

Model 4

Mothers' BMIs were positively associated with their sons' and daughters' BMI percentile and skinfold thicknesses, but negatively related to the child's perception of being underweight (Tables 44, 45). Fathers' BMIs were positively related to their sons' and daughters' BMI percentile and skinfolds, but also with the daughter's perception that her father thinks she is overweight (Tables 46, 47).

The mothers' self perception of overweight variable had positive associations with sons' and daughters' BMI percentiles, daughters' skinfolds, and a negative relationship with sons who perceived themselves to be underweight (Tables 48, 49). The fathers' self perception of overweight variable had a positive correlation with daughters' skinfold thickness, but no relationship to male subjects (Tables 50, 51). The mothers' self perception of underweight variable was negatively correlated with sons' BMI percentile, but no associations were found with the daughters' variables (Tables 52, 53). The fathers' self perception of underweight variable and daughters' skinfold thickness displayed an inverse relationship, but no relationship was seen with the sons' variables (Tables 54, 55). Mothers who perceived that others think they are overweight were more likely to have sons and daughters with higher BMI percentiles (Tables 56, 57). Fathers who perceived that others think they are overweight were more likely to have daughters with larger skinfolds and daughters who believe that their fathers think they are overweight. No relationships were seen with male subjects (Tables 58, 59).

Males' intakes of protein and calcium decreased as mother's BMI increased while female intakes did not show any associations with mother's BMI (Tables 60, 61). No significant relationships were found for fathers' BMI and male nutrient intakes, but the father's BMI was positively correlated with the female's total fat and cholesterol intakes (Tables 62, 63). Mothers' own perception of overweight was inversely related to males' intake of protein, fiber, and total fat but not related to female nutrients (Tables 64, 65). Fathers' own perception of overweight was negatively associated with female folate intake, but not associated with male nutrients (Tables 66, 67). Mothers' perception of underweight was positively related to males' intakes of total fat and omega-3 fatty acids and females' intake of potassium (Tables 68, 69). The fathers' self perception of underweight variable was positively associated with females' intakes of vitamin A and vitamin B12, but no significant relationships were found for the male subjects (Tables 70, 71). No significant associations were found between the mothers' or fathers' perception that others think they are overweight variable and male or female child nutrient intakes (Tables 72, 73, 74, 75).

Model 5

Mother BMI was positively associated with her concern about her child's overweight, and father BMI was positively related to his concern for the child's overweight, the mother's concern, and the mother's monitoring / restriction of the child's intake (Tables 76, 77). The mother's self perception of overweight variable was negatively associated with the father pressuring the child to eat while the father's perception of his overweight variable did not show any significant relationships (Tables 78, 79). The mother's perception of herself as underweight variable did not significantly correlate with the other variables, but the father's perception of himself as underweight variable had a negative relationship with his own monitoring / restriction of his child's intake (Tables 80, 81). Neither mother's nor father's perception that others think they are overweight variable showed any significant associations with the other variables (Tables 82, 83).

Model 6A & B

Mother and Father BMIs were positively associated with their attempts to lose weight in the present and past (Tables 84, 85). The mother's self perception of overweight was positively associated with her attempts to lose weight in the past and present, but were negatively related to the father's attempts to lose weight in the present (Table 86). The father's perception of his own overweight was positively correlated with his attempts to lose weight in the present and past (Table 87). While the mother perceiving herself as underweight was negatively correlated with her past dieting attempts, the father's perception of himself as underweight was negatively correlated with his attempts to lose weight both in the past and present (Tables 88, 89). If the mother perceives that others think she is overweight, she is more likely to diet in the past and present, and if fathers perceive that others think they are overweight, they are more likely to have dieted in the past (Tables 90, 91).

Model 7

No significant relationships were found between fathers' feeding practices and parents' eating and dieting habits, but mothers pressuring children to eat was negatively correlated with her past dieting (Tables 92, 93).

Model 8

No significant relationships were found between males' attempts to gain weight or diet in the present / past and parent eating / dieting habits (Tables 94, 96, 98). Female current dieting was negatively associated with mothers' low fat eating habits, but positively associated with fathers' low fat eating habits (Table 95). Daughter past dieting was positively associated with mothers current dieting, fathers past dieting, and fathers' low fat eating habits (Table 97). Female attempts to gain weight were negatively associated with father past dieting (Table 99).

Regression Analysis

Adolescent dependent variables were sorted by gender for this analysis; models with exclusively parent variables were not sorted by gender. Overall models were considered significant if the p-value was less than 0.05, and the variables within the regression analysis were also considered significant at a p-value less than 0.05. Significant relationships between parent and child variables follow in tables 100 through 343 below.

Ordinary least squares regression was used to analyze variables unless heterocedasticity could not be disproven. In cases of possible heteroscedasticity, generalized method of moments was used to correct for this nonconstant variance in the errors. In cases where the dependent variable was binary, logistic regression was used. Each table notes which technique was used in that instance.

Model 1A

Table 100 represents the logistic regression analysis of female dieting in the past against mothers' feeding practices. This model suggests that the Tanner stage of development, mothers' age, and mother concern about the child's overweight were inversely related to daughters' past dieting attempts. In other words, daughters are less likely to have dieted in the past the more developed they are, the older their mother, and the more concerned the mother is about her daughter's weight.

Table 101 shows that male subjects were less likely to diet in the past when their mothers were Black and when their mothers had less of a tendency to monitor or restrict their diets. On the other hand, sons whose mothers pressured them to eat were more likely to have dieted in the past.

Females who were less developed and whose mothers were younger tended to diet more in the past (Table 102). In addition, females whose fathers were more concerned about their child's weight were less likely to diet in the past (Table 103).

Boys who were more developed, whose fathers put less pressure on them to eat, and were more concerned about their child's weight were less likely to diet in the past (Table 104).

Model 1B

Children (male subjects) of mothers who put more pressure on their child to eat tended to be Black and to be less likely to diet in the past (Tables 105, 106). Black females tended to feel more maternal pressure to eat (Table 107). Hispanic males whose mothers were more concerned about their child's weight were more likely to be currently dieting (Table 108). Black females in families of higher income had mothers that expressed more concern about their child being overweight and were more likely to be dieting in the past and present (Table 109, 111). Hispanic males whose mothers were more concerned about them being overweight were more likely to have dieted in the past and less likely to be trying to gain weight (Table 110). Hispanic males whose mothers were more monitoring / restrictive of their diets were more likely to be dieting in the past and present (Table 112, 113). Fathers of Hispanic males tend to be more concerned about their child's overweight (Table 114). Females whose fathers were more concerned about them weighing too much tended to have dieted in the past more frequently (Table 115).

Model 2A

Males and females with higher body mass index (BMI) percentiles were more likely to have dieted in the past, be presently dieting, and less likely to be trying to gain weight (Table 116 - 119). Male subjects with a higher waist-hip-ratio were also more likely to be presently dieting and to have dieted in the past (Tables 120, 121). Females with higher skinfold thicknesses tended to be more developed, more likely to be currently dieting, have dieted in the past, and less likely to be trying to gain weight (Tables 122, 123). Males with higher skinfold thicknesses also were more likely to diet in the past and less likely to be trying to gain weight (Table 124).

Males who felt they were underweight were less likely to try to gain weight and tended to come from families with lower income (Table 125). Males who perceived themselves as overweight were more likely to be presently dieting, have dieted in the past, and were less likely to try to gain weight (Tables 126, 128). Females who felt they were overweight were more likely to be currently dieting and have dieted in the past (Tables 127, 129). Males who felt their mothers thought they were overweight were more likely to be currently dieting and have dieted in the past (Tables 130, 132). Females who perceived that their mothers thought they were overweight were more likely to be Black, more developed and more likely to be dieting currently and in the past (Tables 131, 133).

Males and females who felt that their fathers thought they were overweight were more likely to be dieting presently and in the past (Tables 134 - 137). Females who perceived that their fathers considered them overweight were more likely to be Hispanic (Table 137).

Males who had a lower percentage of the dietary reference intake (DRI) for protein were more developed; those with a higher percentage of protein were trying to gain weight (Tables 138, 140). Females who had a lower percentage of the DRI for protein were more developed, were less likely to be Black, and were more likely to be currently and formerly dieting (Table 139). Females with a higher percent DRI for carbohydrate were less likely to have dieted in the past (Table 142).

Females with a higher percent DRI for total fat, omega-6 polyunsaturated fat, niacin, riboflavin, thiamin, vitamin B6, vitamin B12, magnesium, phosphorus, zinc, and monounsaturated fat were more likely Black (Tables 143, 144, 146, 147, 149, 150, 151, 154, 155, 156, 157). Females with higher intakes of riboflavin, thiamin, and vitamin B12 were less likely to have dieted in the past and were more likely to be Black (Tables 148, 149, 152). Males who consumed higher amounts of cholesterol were more developed (Table 145), and females with a lower percent DRI for iron and magnesium were usually more developed (Table 123).

Model 2B

Males who dieted more often were less likely to think that their mothers perceived them as overweight (Table 158). Females who dieted more often were likely to have lower BMI percentiles, were less likely to think that their mothers and fathers and perceived them as overweight, and less likely to think of themselves as overweight (Tables 159, 160, 161). Males who dieted more frequently in the past were less likely think of themselves as overweight or to perceive that their mothers and fathers thought they were overweight (Tables 162, 165, 167). Females who dieted more often in the past tended to have lower BMI percentiles, lower skinfold thicknesses, and were less likely to think that their mothers and fathers perceived them as overweight but consumed more total calories (Tables 163, 164, 166, 168). Males who were trying to gain weight were more likely to have greater BMI percentiles in this sample (Table 169).

Model 2C

Male perception of underweight was positively related to BMI percentile and skinfold thickness but negatively associated with family income and being Black (Tables 170, 172).

In addition, females' perception of underweight was positively related to BMI percentile and skinfold thickness (Tables 171, 173).

Males who perceived themselves as overweight tended to have higher BMI percentiles, waist-hip-ratios, and skinfold thicknesses (Tables 174, 176). Females that saw themselves as overweight also tended to have higher BMI percentiles, waist-hip-ratios, and skinfolds, but were less likely to be Hispanic (Table 175, 177).

Males who perceived that their mothers think their sons are overweight tend to have higher BMI percentiles and skinfold thicknesses (Tables 178, 180). Females who believed their mothers think they are overweight also had higher BMI percentiles and skinfold thicknesses and tended to consume more calories (Tables 179, 181).

Males who believed their fathers think their sons are overweight had higher BMI percentiles, higher skinfold measurements, and were less likely to be Black (Tables 182, 184). Females who believed their fathers think their daughters are overweight also had higher BMI percentiles and skinfolds measurements and tended to consume more total calories (Tables 183, 185).

Model 3A

Males and females whose mothers pressured them to eat were more likely to be Black and tended to have lower BMI percentiles (Tables 186, 187, 189, 190). The males in this group also tended to have smaller skinfolds (Table 188).

Males with mothers who were concerned about their son's overweight tended to be Hispanic or Black, have larger BMI percentiles and skinfolds, and tended to perceive themselves as overweight and that their mothers thought they were overweight (Tables 191, 193, 195). Females with mothers who were concerned about their weight were more likely to be Black, come from higher income families, have higher BMI percentiles and skinfolds, and also perceived that they were overweight and that their mothers thought they were overweight (Tables 192, 194, 196).

Males with mothers who monitored / restricted their sons' intake more tended to have larger skinfolds, to be Hispanic, and to perceive themselves as overweight (Tables 197, 198).

Males whose fathers pressured them to eat were less developed, more likely to be Black, less likely to be Hispanic, have lower waist-hip-ratios, and perceived that their fathers thought they were overweight but did not think of themselves as overweight (Tables 199, 201, 202). Females whose fathers pressured them to eat had lower BMI percentiles (Table 200).

Males whose fathers were concerned about their sons' overweight were more likely to be Black and have higher BMI percentiles and skinfolds but lower waist-hip-ratios (Tables 203, 204, 205).

Model 3B

Males with higher BMI percentiles had mother who were less likely to pressure them to eat but were more concerned about them being overweight (Tables 206, 208). Females with higher BMI percentiles were more developed and had mothers who were concerned about them being overweight but less likely to pressure them to eat (Tables 207, 209).

Males with higher waist-hip-ratios had mothers who were more concerned about them being overweight (Table 210). Females with larger skinfolds came from families with less income, were more developed, and had mothers who were more concerned about them being overweight but were less likely to pressure them to eat (Tables 211, 214). Males with larger skinfolds were more likely Black and had younger mothers who placed less pressure on them to eat but were more concerned about the child being overweight (Tables 212, 213).

Males who perceived themselves as overweight were more likely to have mothers who were concerned about their sons' overweight and monitored / restricted their sons' intake but were less likely to pressure them to eat or to be Hispanic (Tables 215, 217). Females who perceived themselves as overweight were likely to have mothers who were concerned about their daughters' weight (Table 216).

Males who perceived that their mothers thought their sons were overweight had mothers who actually were more concerned about their sons' overweight (Table 218). Females who perceived that their mothers thought their daughters were overweight were more developed and had mothers that were more concerned about their daughters' weight (Table 219).

Males with a lower percent DRI for protein were more developed and had mothers who were more concerned about them being overweight and placed less pressure on them to eat (Tables 220, 222). Female subjects with a higher protein intake were less developed and more likely to be Black (Tables 221, 223).

Males with a higher intake of carbohydrates were more developed and their mothers were less likely to be Black (Table 224). Females with a higher intake of carbohydrates were more likely to come from a family with higher income (Table 225). Black mothers were more likely to have daughters with higher total fat intake (Table 226). Females from lower income families tended to have higher intakes of cholesterol (Table 227). Hispanic mothers were more likely to have daughters with low niacin and zinc intake, but Black mothers tended to have daughters with higher niacin consumption (Tables 228, 229, 240). Black mothers also tended to have daughters with higher intakes of vitamin B6, magnesium, phosphorus, zinc, monounsaturated fat (Tables 230, 238, 239, 240, 241, 243). Girls with higher intakes of vitamin B6 also had mothers who were more monitoring / restrictive of their daughters' diets (Table 231). Girls with higher vitamin B12 intake were less developed and had mothers who were more monitoring / restrictive of their intake (Tables 232, 233). Males with higher vitamin C intake had younger mothers (Table 234). Girls with lower iron intakes were more developed and had mothers who were less concerned about the daughter being overweight (Tables 235, 236). Girls who were more developed also had lower intakes of magnesium and were less pressured by their mothers to eat (Tables 237, 238). Mothers who pressured their children to eat more had daughters with higher intakes of monounsaturated fat (Tables 242, 243). Fathers who placed less pressure on their children to eat and were more concerned about the child's overweight had sons with higher BMI percentiles (Table 244).

Females who had higher BMI percentiles were more developed and had fathers who were more likely to be Hispanic and were more concerned about their daughters' overweight but less likely to pressure them to eat (Tables 245, 246). Boys with higher waist-hip-ratios were less developed and had younger fathers who placed less pressure on them to eat (Tables 247, 248). Females with higher waist-hip-ratios were less developed and their fathers placed less pressure on them to eat (Table 249). Younger fathers who were more concerned about their child being overweight had sons with larger skinfolds (Table 250). Fathers who placed more pressure on their children to eat had daughters who were less developed and had smaller skinfolds (Table 251). Fathers who pressured their child to eat more also had daughters who were less developed and who were less likely to perceive themselves as underweight (Table 252).

Males who perceived themselves as overweight were less likely to have fathers who pressured them to eat (Table 253). Females who perceived themselves as overweight were less likely to have fathers who pressured them to eat but more likely to monitor / restrict their intake and be concerned about the daughters' overweight (Tables 254, 255).

Girls with lower protein intake were more developed and came from families with higher income (Tables 256, 257). Boys with higher cholesterol intake had fathers who were less concerned about the child being overweight, monitored / restricted the son's intake less, and came from lower income families (Table 258). Females with lower iron intake were more developed. Males with lower magnesium intake came from higher income families, were more developed, and were more likely to have fathers who were Hispanic and who were less monitoring / restrictive of the child's intake (Tables 262, 263).

Model 4

Female subjects with higher BMI percentiles were more developed and had mothers with higher BMIs who perceived that others found the mothers overweight (Tables 264, 267). Mothers of males with higher BMI percentiles also had higher BMIs and were younger (Tables 265, 266).

Males with larger skinfolds had younger mothers with larger BMIs (Tables 268, 270). Females with larger skinfolds were more developed and had mothers with higher BMIs who perceived themselves as overweight (Tables 269, 271, 272).

Males with a higher percentage of the DRI for protein were less developed and had mothers with lower BMIs who were less likely to think of themselves as overweight

(Tables273, 275). Females with a higher percentage of the DRI for protein were also less developed, and mothers were less likely to be Hispanic, more likely to be Black, and less likely to perceive that others think the mothers are overweight (Tables 274, 276, 277). Males with a higher percentage of the DRI for carbohydrate and cholesterol were more developed (Tables 278, 285). Males with higher intakes of total fat were also more developed and had younger mothers who were more likely to perceive themselves as underweight (Tables 279, 280, 282). Black mothers were more likely to have daughters with higher intakes of riboflavin, thiamin, zinc, total fat, monounsaturated fat, and omega-6 polyunsaturated fat (Tables 281, 283, 288, 289, 298, 299). Mothers who perceived themselves as underweight had daughters with higher intakes of folate (Table 286). Females with higher intakes of niacin had mothers that were more likely to be Black and perceive themselves as underweight but less likely to be Hispanic (Table 287). Females with higher intakes of vitamin B6 were more likely to have mothers who were Black and perceived themselves as underweight (Table 290). Hispanic mothers had daughters that were more developed and had lower intakes of vitamin B12 (Tables 291, 292). Younger mothers who did not perceive that others think they are overweight tended to have sons with higher vitamin C intakes (Tables 293, 294). Females with a lower percentage of the DRI for iron were more developed (Table 295). Females with higher magnesium intake tended to be less developed and had mothers that were more likely Black and perceived themselves as underweight (Table 296). Black mothers and those mothers who perceived themselves as underweight had daughters with higher phosphorus intakes (Table 297). Hispanic mothers and older mothers had daughters with lower intakes of sodium (Table 300). Underweight mothers had daughters with higher potassium intakes (Table 301).

Females with higher BMI percentiles were more developed and had fathers that were more likely Hispanic with higher BMIs (Table 302). Hispanic fathers had daughters who had higher BMI percentiles and were more developed (Table 303). Males with higher waist-hip-ratios had younger fathers with higher BMIs (Tables 304, 306). Girls with higher waist-hip-ratios were less developed (Table 305). Females with larger skinfolds were more developed and had fathers with larger BMIs (Table 307, 309). Males with greater skinfolds had fathers that were younger and had higher BMIs (Tables 308, 310).

Female subjects with a greater percentage of the DRIs for protein and iron were less developed (Tables 311, 316). Females with a higher intake of cholesterol had fathers with greater BMIs and fathers who perceived themselves as underweight (Table 312). Males with higher niacin intakes had younger fathers and fathers who perceived that others think they are overweight (Table 313). Females with higher vitamin B12 intakes were less developed and had fathers who perceived themselves as underweight (Table 314). Females with greater vitamin C intakes were less developed and had fathers who perceived that others think they are overweight (Table 315). Males with higher intakes of magnesium were less developed, less likely to have Hispanic fathers, and came from lower income homes (Table 317).

Model 5

Mothers who pressured their children to eat were more likely to be Black, and mothers who were more concerned about their children being overweight were more likely to be younger, Black, and Hispanic (Tables 318, 319, 320). Dads who were more concerned about their child being overweight were more likely to have a lower family income (Table 321).

Model 6 A

Mothers who were trying to lose weight generally had lower BMIs, were not as likely to think of themselves as overweight or perceive that others think they are overweight, and had less income (Tables 322, 323, 324). Mothers who reported dieting in the past were more likely to be Black, older, perceive themselves as underweight, have lower BMIs, and have less income, but were less likely to think others perceive them as overweight or perceive themselves as overweight (Tables 325, 326, 327). Fathers who were trying to lose weight were more likely to perceive themselves as underweight (Table 328). Fathers who perceived themselves as underweight, or had lower BMIs, tended to have dieted in the past and were less likely to think of themselves as overweight or that others thought they were overweight (Tables 329, 330, 331).

Model 6B

Mothers who had higher BMIs tended to be Black, have dieted in the past but have less income and be younger (Table 332). Mothers who perceived themselves to be overweight or perceived others to think they were overweight were less likely to have dieted in the past (Tables 333, 334).

Fathers with higher BMIs had less income and were more likely to have dieted in the past (Table 335). Fathers who thought they were overweight were less likely to have dieted in the past, but fathers who thought they were underweight were more likely to have dieted in the past (Tables 337, 338). Fathers who thought others perceived them to be overweight were less likely to have dieted in the past (Table 338).

Model 7

Mothers who pressured their children to eat were more likely to be Black and less likely to have dieted in the past (Table 339). Mothers who were concerned about their child being overweight were more likely to be Black or Hispanic (Table 340). Mothers who monitored / restricted their child's intake were more likely to be trying to lose weight (Table 341).

Model 8

Females who reported dieting in the past were less developed, had younger mothers, and had fathers with low fat eating habits (Tables 342, 343).

CHAPTER V

DISCUSSION

Although a large amount of research has been devoted to studying genetic links to obesity, the findings have not stopped the continuing increase in childhood and adolescent overweight. Relatively little research has assessed the family environment, which is the birthplace of habits and attitudes that perpetuate this nutritional disease. This study is a contribution to the body of knowledge on the etiology of obesity because it explores the food environment parents create for their children. This environment is where food preferences develop, intake patterns form based on the availability of foods, external controls emerge to disrupt innate hunger and satiety mechanisms, and parents determine how much control they will exert over the child's eating. These factors of the eating domain shape the early eating habits of children that are likely to track throughout their lives (117).

Research in child feeding practices has shown that mothers' feeding practices are directly related to children's food preferences, energy intake, ability to regulate food consumption based on internal cues of hunger and satiety, and body weight (75, 118). The present study focused on several feeding practices that both mothers and fathers utilize in establishing varying amounts of control over their child's eating domain by adapting Birch's model of behavioral mediators of family resemblances in eating and weight status (35). Specific child feeding strategies in this study include pressuring the child to eat, monitoring or restricting the child's intake, and parental concern about the child's chance of becoming overweight. Through this framework, regression analysis was used to detect relationships between variables measuring parental weight status, child nutrition and weight status, parent and child eating habits, and child feeding practices. Birch's model was applied to a sample of children and adolescents ranging from 9 to 15 years old of varied cultures and economic status in the Houston Metropolitan Statistical Area.

In agreement with Birch's model, possible genetic relationships between parent and child weight status emerged in this study; the child's body mass index (BMI) was significantly positively related to both maternal and paternal BMIs (35). Mothers who considered themselves to be overweight or believed others thought they were overweight had children with higher BMIs and skinfold thicknesses.

To further confirm Birch's model, parents' weight status was linked to their own eating patterns which was shown by a positive association between maternal and paternal BMI and both parents' past attempts to diet.

Maternal eating patterns were also linked to their child feeding practices in that mothers who were trying to lose weight, themselves, were more likely to monitor and restrict their children's diets. Birch similarly found that mothers' own dietary restraint predicted their use of restrictive feeding practices with daughters (75). In addition, the more mothers had dieted in the past, the less pressure they put on their children to eat more food. Interestingly, mothers who pressured their children to eat were more likely to be Black, and mothers who were concerned about their child's weight status were more likely to be Black or Hispanic. This insight is important in light of the observation that starting around nine years of age, Black females begin to develop a greater amount of adiposity than White females (37).

Unlike Birch's model, there were no clear indications that parents' weight status directly influenced their child feeding strategies. Maternal pressure and concern were, however, stronger for Black and Hispanic mothers.

A relationship between paternal eating habits and daughter's eating habits was found in that the more a father made low fat food selections, the more likely the child reported previous dieting attempts.

Associations were also found between parents' child feeding techniques and the child's eating habits. Mothers who were more concerned about their child becoming overweight had sons and daughters who were more likely to be dieting or have dieted in the past and were less likely to be trying to gain weight. Mothers who pressured their child to eat had sons who were less likely to have dieted in the past. Increased maternal monitoring or restriction of the child's diet was associated with sons who reported dieting in the present or past. Fathers who expressed concern about the child's weight had daughters who were more likely to have dieted in the past. The children in these associations tended to be Black or Hispanic.

Birch's model shows that parents' use of child feeding strategies indirectly influences the child's weight status by way of the child's eating habits. Child feeding techniques were associated with the children's eating habits, and here, indeed, the child's eating habits appear to be related to the child's weight status. Children with higher BMI percentiles and skinfold thicknesses were more likely to be dieting or have dieted in the past and less likely to be trying to gain weight. Male subjects with larger waist-hip-ratios were more likely to diet. In fact, children of both genders who perceived themselves as overweight or believed that their mother or father thought they were overweight were more likely to be dieting or have dieted in the past, and were less likely to be trying to gain weight.

When analyzing the relationship between children's eating habits and their nutrient status as measured by total caloric intake and the percentage of the dietary reference intake

(DRI) for that nutrient, there were some interesting findings. Females who were currently or had been dieting in the past had lower intakes of protein, carbohydrate, riboflavin, thiamin, and vitamin B12. Males who were trying to gain weight showed higher intakes of protein and carbohydrate.

Of greatest interest in this study was the relationship between child feeding practices and nutritional outcomes in children. Like Birch, this study found that mothers placed more pressure on the child to eat when sons and daughters had lower BMI percentiles. Mothers were likely to be more concerned about the child's weight when their children had larger BMI percentiles and greater skinfold thicknesses. These children also seemed to perceive that their mothers thought they were overweight and were more likely to perceive themselves as overweight. Mothers who monitored or restricted the child's intake were more likely to have sons with greater skinfolds. When children had lower BMI percentiles or waist-hip-ratios, fathers tended to place more pressure on the child to eat. When the skinfolds or BMI were larger, the father was more concerned about the child's weight.

While Birch suggested that feeding style effects on child weight status were indirect and mediated by child eating habits, this study showed that feeding strategies may directly relate to the child's weight. As Heird notes, it is difficult to detect whether parent feeding behaviors affect the child's weight directly or if these feeding behaviors are simply a reflection of the parent's response to the child's inappropriate weight status (119). The matter is further complicated by the cross sectional nature of the study that prevents the determination of what "causes" what. The present study sought to determine what would result from making the child feeding practices the independent variables. This extra component of the model was added and was not originally in Birch's model (section 3B).

Interestingly, both maternal and paternal concern about the child's weight were predictive of higher child BMI percentiles and skinfold thicknesses. In agreement with the literature, maternal and paternal pressuring of the child to eat more food was associated with lower BMI percentiles and skinfold thicknesses (36, 76, 77). Mothers who were concerned about the child's weight had sons with lower protein intakes and daughters with higher iron intakes. Monitoring / restricting mothers had daughters with higher vitamin B12 and B6 intakes, and mothers who pressured their child to eat more had sons with higher protein intake and daughters with higher magnesium and monounsaturated fat intake.

Fathers who monitored / restricted the child's diet had daughters with lower cholesterol and higher magnesium intake. Most of the effects seen on nutrient intakes are not detrimental outcomes which may suggest that, for this population, careful parental attention to children's diets (either encouraging or discouraging intake) may improve diet quality. Because this is not a longitudinal study, however, it is not certain that these controlling feeding practices would not contribute to child rebellion in this domain in later years (via eating disorders, alcohol abuse, etc.) In addition, Birch et al. found that although the practice of pressuring children to eat did succeed in increasing intake, the practice decreased children's preferences for the "healthy" foods the parents were encouraging them to eat (85, 92). While it may not appear that children whose parents monitor or restrict their intake of certain high fat / calorie foods are increasing consumption of these foods, Birch noted that restricting access of these foods actually increased their consumption when parental monitoring was removed (87, 120).

In the study by Spruijt-Meta et al., restrictive feeding practices were highly correlated with concern for the child's weight and were associated with higher energy intake and higher

BMIs. Parental pressure to eat was associated with lower energy intake and lower BMI (117). The findings of this study are in agreement with the Spruijt-Metz group's findings on the effects on BMI but could not confirm higher or lower energy intakes resulting from certain feeding practices. This study also supports findings from previous research showing that parents who think their children are overweight or at risk of becoming overweight are more likely to practice restrictive feeding strategies while parents who think their children are too thin are more likely to attempt to increase intake (87). While this study did not directly measure parents' opinions regarding if their children were overweight or not, their feeding practices followed the pattern of parental reactions to child weight status found in Fisher's results. The findings of this study agree that parents of heavier children reported using less pressure to eat and greater use of monitoring / restriction of the child's access to foods while parents of underweight children placed greater pressure on them to eat.

Eating behavior is complicated by the observation that parental eating behavior and weight status seem to influence children's eating behaviors (121). If children's eating behaviors then affect their weight status, it seems that parental eating behavior and weight status, in addition to their feeding practices, influence children's weight. Overall, these findings are in agreement with Birch's theory of family eating and weight status and Costanzo and Woody's idea that parenting is tailored to the child based not only on the phenotype, but also parental concerns and perceptions of the child's risk for developing a problem (35, 60). Costanzo and Woody contend that parents are more likely to exert high levels of control over children's eating when they are concerned about the child's development, highly invested in health, or perceive that the child is at risk for developing weight problems and cannot exercise self-control based on hunger and satiety cues (60).

Consistent with their ideas, parents of heavier children in this study reported using higher levels of control in the feeding context.

Birch contends that the use of parental control in child feeding may adversely affect the child's subsequent eating and weight status by impeding the child's development of self control in the eating domain (36). She states that parents' feeding practices are shaped by the child's weight status but found evidence that these practices can promote disregulation of intake, problems of energy balance, and possibly increase the child's weight status. According to Birch, parenting can be causally implicated in promoting the development of problems in children's controls of food intake and childhood obesity. A child's internal cues for hunger and satiety are disrupted by the imposition of child feeding practices that refocus the child from internal cues to external aspects of the eating environment, and this reduced responsiveness has been linked to greater childhood weight (75, 82, 87). This important finding underscores the need to measure aspects of the environment that foster childhood overweight.

From this study it is not possible to deduce whether parents' child feeding practices cause a child to exhibit a certain weight status or if the child's phenotype causes the parent to adopt certain feeding strategies in response to weight deviations. It is possible to see that these two sides are related, and it may be that they affect each other in a cyclical fashion. Perhaps a child exhibits a certain weight status that raises parental concern about either overweight or underweight (any deviation from the norm). The parent may react to this phenotype by restricting the child's diet in an attempt to prevent further overweight or by pressuring the child to eat more in order to gain weight. Continual pressure or restriction may remove so much control from the children that they end up moving in the opposite direction of the parents' intentions to escape the pressure, which exacerbates the condition that the parents were trying to prevent in the first place. Future studies are needed to shed light on whether parents' feeding behaviors are the proverbial chicken or egg.

CHAPTER VI

CONCLUSION

The increasing number of overweight children and adolescents is often attributed to lifestyle factors that create an imbalance between energy intake and expenditure. This net positive energy balance results in fat deposition, and because overweight children have a high chance of becoming overweight adults, reversing the trend of adiposity in children is an important strategy for reducing the number of overweight adults. Such a reversal would also reduce the incidence of many complications associated with being overweight that are plaguing adults and children. Much energy has been invested into proclaiming the benefits of lowering fat intake and increasing physical activity, but reduction of total energy intake has not been achieved. This study suggests that changing parental feeding behaviors may help to modify children's energy intakes.

In summary, the findings presented here support earlier work showing that child feeding practices play an important role in children's nutritional outcomes and validate Birch's model of family eating and weight status in a multiethnic population of children and adolescents in the Houston area. Significant results from an additional component added to this model may also contribute to our understanding of the direct effects between parental child feeding practices and child weight and nutrition. It appears that highly controlling feeding strategies may be related to problems of energy balance by interfering with children's ability to regulate their energy intake. Parents who exert control by pressuring the child to eat tend to have children with lower BMI percentiles and skinfold measurements. Children with higher BMI percentiles and skinfold measurements are more likely to have parents who express concern about the child being overweight, and children of parents who monitor or restrict their intake tend to have larger skinfolds.

Several studies have shown the effects of parental feeding strategies on children's body mass index (BMI), total fat mass, and food intake (75, 117, 122). In fact, child feeding practices have been found to be key behavioral variables that explained more of the variance in total fat mass than energy intake for that population (117). Although behavioral studies such as this raise the question of whether parental feeding strategies affect fat mass directly or simply reflect the parents' responses to their children's inappropriate body fat mass, these findings should not be discounted (119). As with much of the research in this area, this study is cross-sectional, which does not allow for drawing conclusions about cause and effect; however, evidence from other studies suggests that the eating behaviors of children and adolescents are indeed affected by parental feeding behaviors (119).

Although findings such as the ones presented here and in similar research may be obtained through approaches that traditional nutritional scientists may not be comfortable using, the results are still valuable. Behavioral scientists use different techniques to detect the effects of a specific behavior than traditional mainstream nutrition researchers use to detect the effect of a specific nutritional intervention (119). Ultimately, behavior must be modified if the trend of increasing childhood and adolescent overweight is to be prevented. Because traditional nutritional scientists have been successful in informing the public about ways to prevent weight gain and achieve weight loss, lack of public knowledge is not the reason for the rise in rates of obesity. Heird suggests that a more plausible reason for the rise in overweight is the public's inability to understand how eating and activity patterns are established in the first place. This possibility may be fostering an inability to change these patterns (119).

The way to correct this situation is to focus prevention efforts not solely on macronutrient or energy intake, but on the feeding behaviors that drive this intake. Obesity prevention programs need to focus on the feeding practices of parents in addition to the nutrient intake of children in order to be effective at the root of the problem (117). Educating parents and children about strategies that promote a cooperative feeding style in which there is shared responsibility between the parent and child is a first step in correcting controlling feeding practices. When parents provide a healthy variety of foods in a structured eating environment, model appropriate eating habits, and allow the child to control how much is eaten, the focus on food intake relies on the child's internal cues. A cooperative feeding style creates the optimal environment for the child's development of self-control over energy intake (20, 78, 82, 83).

This study's limitations were mostly caused by the need to shorten the questionnaires for the sake of interview time, and because of this, some questions that would have been valuable to this analysis were omitted. Also, due to the small number of Asian and "other" races, it was not possible to compare them in the analysis other than as a component of the intercept. In spite of these limitations, however, this study lends valuable insight into the childhood and adolescent obesity epidemic.

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APPENDIX A

CORRELATION AND REGRESSION TABLES

Table 4
Correlations between child's current dieting and parents' child feeding practices for male subjects (model 1A & B)

Feeding Practice	Child currently dieting r	p-value
Father pressuring child to eat	-0.10	NS[a]
Father monitoring/restricting child's intake	-0.06	NS[a]
Father concern about child's weight	0.03	NS[a]
Mother pressuring child to eat	-0.05	NS[a]
Mother monitoring/restricting child's intake	0.13	NS[a]
Mother concern about child's weight	0.30	0.00

n = 126 fathers
n = 156 mothers
n = 159 children
NS[a]: not statistically significant

Table 5
Correlations between child's current dieting and parents' child feeding practices for female subjects (model 1A & B)

Feeding Practice	Child currently dieting r	p-value
Father pressuring child to eat	-0.19	0.04
Father monitoring/restricting child's intake	0.04	NS[a]
Father concern about child's weight	0.08	NS[a]
Mother pressuring child to eat	-0.16	0.05
Mother monitoring/restricting child's intake	0.01	NS[a]
Mother concern about child's weight	0.14	NS[a]

n = 119 fathers
n = 153 mothers
n = 153 children
NS[a]: not statistically significant

Table 6
Correlations between child's past dieting and parents' child feeding practices for male subjects (model 1A & B)

Feeding Practice	Child past dieting	
	r	p-value
Father pressuring child to eat	0.05	NS[a]
Father monitoring/restricting child's intake	0.03	NS[a]
Father concern about child's weight	0.16	NS[a]
Mother pressuring child to eat	-0.14	NS[a]
Mother monitoring/restricting child's intake	0.15	NS[a]
Mother concern about child's weight	0.31	<.0001

n = 126 fathers
n = 156 mothers
n = 159 children
NS[a]: not statistically significant

Table 7
Correlations between child's past dieting and parents' child feeding practices for female subjects (model 1A & B)

Feeding Practice	Child past dieting	
	r	p-value
Father pressuring child to eat	-0.22	0.02
Father monitoring/restricting child's intake	0.04	NS[a]
Father concern about child's weight	0.22	0.02
Mother pressuring child to eat	-0.13	NS[a]
Mother monitoring/restricting child's intake	0.04	NS[a]
Mother concern about child's weight	0.17	0.04

n = 119 fathers
n = 153 mothers
n = 153 children
NS[a]: not statistically significant

Table 8
Correlations between child trying to gain weight and parents' child feeding practices for male subjects (model 1A & B)

Feeding Practice	Child trying to gain weight	
	r	p-value
Father pressuring child to eat	0.08	NS[a]
Father monitoring/restricting child's intake	-0.05	NS[a]
Father concern about child's weight	-0.17	NS[a]
Mother pressuring child to eat	0.12	NS[a]
Mother monitoring/restricting child's intake	-0.06	NS[a]
Mother concern about child's weight	-0.25	0.00

n = 126 fathers
n = 156 mothers
n = 159 children
NS[a]: not statistically significant

Table 9
Correlations between child trying to gain weight and parents' child feeding practices for female subjects (model 1A & B)

Feeding Practice	Child trying to gain weight	
	r	p-value
Father pressuring child to eat	0.15	NS[a]
Father monitoring/restricting child's intake	0.06	NS[a]
Father concern about child's weight	-0.13	NS[a]
Mother pressuring child to eat	0.20	0.02
Mother monitoring/restricting child's intake	0.06	NS[a]
Mother concern about child's weight	0.02	NS[a]

n = 119 fathers
n = 153 mothers
n = 153 children
NS[a]: not statistically significant

Table 10
Correlations between child's current dieting and selected variables for male subjects (model 2A, B, C)

Variable	Child currently dieting		
	r	p-value	n
Child Body Mass Index (BMI) percentile	0.29	0.00	159
Waist-hip-ratio	0.28	0.00	159
Skinfolds (triceps + subscapular)	0.37	<.0001	158
Perception of child overweight (child)	0.39	<.0001	159
Perception of child overweight (mother)	0.49	<.0001	159
Perception of child overweight (father)	0.53	<.0001	145
Perception of child underweight (child)	-0.13	NS[a]	159

NS[a]: not statistically significant

Table 11
Correlations between child's current dieting and selected variables for female subjects (model 2A, B, C)

Variable	Child currently dieting		
	r	p-value	n
Child Body Mass Index (BMI) percentile	0.33	<.0001	152
Waist-hip-ratio	0.06	NS[a]	153
Skinfolds (triceps + subscapular)	0.34	<.0001	153
Perception of child overweight (child)	0.41	<.0001	151
Perception of child overweight (mother)	0.37	<.0001	153
Perception of child overweight (father)	0.42	<.0001	138
Perception of child underweight (child)	-0.10	NS[a]	153

NS[a]: not statistically significant

Table 12
Correlations between child's past dieting and selected variables for male subjects (model 2A, B, C)

Variable	**Child past dieting**		
	r	**p-value**	**n**
Child Body Mass Index (BMI) percentile	0.31	<.0001	159
Waist-hip-ratio	0.23	0.00	159
Skinfolds (triceps + subscapular)	0.36	<.0001	158
Perception of child overweight (child)	0.48	<.0001	159
Perception of child overweight (mother)	0.42	<.0001	159
Perception of child overweight (father)	0.35	<.0001	145
Perception of child underweight (child)	-0.24	0.00	159

Table 13
Correlations between child's past dieting and selected variables for female subjects (model 2A, B, C)

Variable	**Child past dieting**		
	r	**p-value**	**n**
Child Body Mass Index (BMI) percentile	0.44	<.0001	152
Waist-hip-ratio	0.17	0.04	153
Skinfolds (triceps + subscapular)	0.46	<.0001	153
Perception of child overweight (child)	0.37	<.0001	151
Perception of child overweight (mother)	0.47	<.0001	153
Perception of child overweight (father)	0.42	<.0001	138
Perception of child underweight (child)	-0.29	0.00	153

Table 14
Correlations between child trying to gain weight and selected variables for male subjects (model 2A, B, C)

Variable	Trying to gain weight r	p-value	n
Child Body Mass Index (BMI) percentile	-0.40	<.0001	159
Waist-hip-ratio	-0.08	NS[a]	159
Skinfolds (triceps + subscapular)	-0.32	<.0001	158
Perception of child overweight (child)	-0.29	.0002	159
Perception of child overweight (mother)	-0.11	NS[a]	159
Perception of child overweight (father)	-0.03	NS[a]	145
Perception of child underweight (child)	0.32	<.0001	159

NS[a]: not statistically significant

Table 15
Correlations between child trying to gain weight and selected variables for female subjects (model 2A, B, C)

Variable	Trying to gain weight r	p-value	n
Child Body Mass Index (BMI) percentile	-0.40	<.0001	152
Waist-hip-ratio	0.01	NS[a]	153
Skinfolds (triceps + subscapular)	-0.24	0.00	153
Perception of child overweight (child)	-0.12	NS[a]	151
Perception of child overweight (mother)	-0.16	0.05	153
Perception of child overweight (father)	-0.06	NS[a]	138
Perception of child underweight (child)	0.32	<.0001	153

NS[a]: not statistically significant

Table 16
Correlations between child's current dieting and dietary reference intakes (DRI) for nutrients among male subjects (model 2A, B, C)

	Child currently dieting	
Nutrients	**r**	**p-value**
Percent of DRI for Protein	-0.11	NS[a]
Percent of DRI for Calcium	-0.15	NS[a]
Percent of DRI for Carbohydrate	-0.11	NS[a]
Percent of DRI for Fiber	0.00	NS[a]
Percent of DRI for Fat	-0.12	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.05	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.07	NS[a]
Percent of DRI for Cholesterol	-0.04	NS[a]
Percent of DRI for Folate	-0.01	NS[a]
Percent of DRI for Niacin	0.06	NS[a]
Percent of DRI for Riboflavin	-0.01	NS[a]
Percent of DRI for Thiamin	-0.02	NS[a]
Percent of DRI for Vitamin A	-0.05	NS[a]
Percent of DRI for Vitamin B6	0.02	NS[a]
Percent of DRI for Vitamin B12	-0.10	NS[a]
Percent of DRI for Vitamin C	0.15	NS[a]
Percent of DRI for Iodine	-0.03	NS[a]
Percent of DRI for Iron	0.02	NS[a]
Percent of DRI for Magnesium	0.04	NS[a]
Percent of DRI for Phosphorus	-0.08	NS[a]
Percent of DRI for Zinc	-0.02	NS[a]
Percent of Recommendation for Saturated Fat	-0.06	NS[a]
Percent of Recommendation for Monounsaturated Fat	-0.07	NS[a]
Percent of Recommendation for Sodium	-0.04	NS[a]
Percent of Recommendation for Potassium	-0.08	NS[a]

n = 149 (except Iodine n = 143)
NS[a]: not statistically significant

Table 17
Correlations between child's current dieting and dietary reference intakes (DRI) for nutrients among female subjects (model 2A, B, C)

Nutrients	Child currently dieting r	p-value
Percent of DRI for Protein	-0.15	NS[a]
Percent of DRI for Calcium	-0.01	NS[a]
Percent of DRI for Carbohydrate	-0.07	NS[a]
Percent of DRI for Fiber	-0.03	NS[a]
Percent of DRI for Fat	-0.05	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.07	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.03	NS[a]
Percent of DRI for Cholesterol	0.02	NS[a]
Percent of DRI for Folate	-0.05	NS[a]
Percent of DRI for Niacin	-0.03	NS[a]
Percent of DRI for Riboflavin	-0.07	NS[a]
Percent of DRI for Thiamin	-0.09	NS[a]
Percent of DRI for Vitamin A	-0.05	NS[a]
Percent of DRI for Vitamin B6	-0.10	NS[a]
Percent of DRI for Vitamin B12	-0.11	NS[a]
Percent of DRI for Vitamin C	-0.05	NS[a]
Percent of DRI for Iodine	-0.11	NS[a]
Percent of DRI for Iron	-0.08	NS[a]
Percent of DRI for Magnesium	-0.08	NS[a]
Percent of DRI for Phosphorus	-0.03	NS[a]
Percent of DRI for Zinc	-0.07	NS[a]
Percent of Recommendation for Saturated Fat	0.00	NS[a]
Percent of Recommendation for Monounsaturated Fat	-0.02	NS[a]
Percent of Recommendation for Sodium	0.06	NS[a]
Percent of Recommendation for Potassium	-0.05	NS[a]

n = 150 (except Iodine n = 148)
NS[a]: not statistically significant

Table 18
Correlations between child's past dieting and dietary reference intakes (DRI) for nutrients among male subjects (model 2A, B, C)

Nutrients	Child past dieting r	p-value
Percent of DRI for Protein	-0.06	NS[a]
Percent of DRI for Calcium	-0.06	NS[a]
Percent of DRI for Carbohydrate	-0.11	NS[a]
Percent of DRI for Fiber	0.09	NS[a]
Percent of DRI for Fat	-0.08	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.07	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.14	NS[a]
Percent of DRI for Cholesterol	0.09	NS[a]
Percent of DRI for Folate	-0.03	NS[a]
Percent of DRI for Niacin	0.12	NS[a]
Percent of DRI for Riboflavin	0.01	NS[a]
Percent of DRI for Thiamin	-0.04	NS[a]
Percent of DRI for Vitamin A	0.02	NS[a]
Percent of DRI for Vitamin B6	0.07	NS[a]
Percent of DRI for Vitamin B12	0.08	NS[a]
Percent of DRI for Vitamin C	0.15	NS[a]
Percent of DRI for Iodine	-0.04	NS[a]
Percent of DRI for Iron	0.04	NS[a]
Percent of DRI for Magnesium	0.14	NS[a]
Percent of DRI for Phosphorus	0.03	NS[a]
Percent of DRI for Zinc	0.08	NS[a]
Percent of Recommendation for Saturated Fat	-0.04	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.03	NS[a]
Percent of Recommendation for Sodium	-0.01	NS[a]
Percent of Recommendation for Potassium	0.01	NS[a]

n = 149 (except Iodine n = 143)
NS[a]: not statistically significant

Table 19
Correlations between child's past dieting and dietary reference intakes (DRI) for nutrients among female subjects (model 2A, B, C)

Nutrients	**Child past dieting**	
	r	**p-value**
Percent of DRI for Protein	-0.28	0.00
Percent of DRI for Calcium	-0.10	NS[a]
Percent of DRI for Carbohydrate	-0.16	NS[a]
Percent of DRI for Fiber	-0.12	NS[a]
Percent of DRI for Fat	-0.14	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.03	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.05	NS[a]
Percent of DRI for Cholesterol	-0.08	NS[a]
Percent of DRI for Folate	-0.13	NS[a]
Percent of DRI for Niacin	-0.10	NS[a]
Percent of DRI for Riboflavin	-0.17	0.04
Percent of DRI for Thiamin	-0.16	NS[a]
Percent of DRI for Vitamin A	-0.05	NS[a]
Percent of DRI for Vitamin B6	-0.10	NS[a]
Percent of DRI for Vitamin B12	-0.19	0.02
Percent of DRI for Vitamin C	-0.08	NS[a]
Percent of DRI for Iodine	-0.18	0.03
Percent of DRI for Iron	-0.18	0.03
Percent of DRI for Magnesium	-0.14	NS[a]
Percent of DRI for Phosphorus	-0.10	NS[a]
Percent of DRI for Zinc	-0.12	NS[a]
Percent of Recommendation for Saturated Fat	-0.03	NS[a]
Percent of Recommendation for Monounsaturated Fat	-0.02	NS[a]
Percent of Recommendation for Sodium	-0.03	NS[a]
Percent of Recommendation for Potassium	-0.09	NS[a]

n = 150 (except Iodine n = 148)
NS[a]: not statistically significant

Table 20
Correlations between child trying to gain weight and dietary reference intakes (DRI) for nutrients among male subjects (model 2A, B, C)

Nutrients	Trying to gain weight r	p-value	
Percent of DRI for Protein	0.26	0.00	
Percent of DRI for Calcium		0.09	NS[a]
Percent of DRI for Carbohydrate	0.12	NS[a]	
Percent of DRI for Fiber	0.03	NS[a]	
Percent of DRI for Fat	0.13	NS[a]	
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.11	NS[a]	
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.15	NS[a]	
Percent of DRI for Cholesterol	0.09	NS[a]	
Percent of DRI for Folate	0.08	NS[a]	
Percent of DRI for Niacin	0.09	NS[a]	
Percent of DRI for Riboflavin	0.05	NS[a]	
Percent of DRI for Thiamin	0.11	NS[a]	
Percent of DRI for Vitamin A	0.05	NS[a]	
Percent of DRI for Vitamin B6	0.02	NS[a]	
Percent of DRI for Vitamin B12	-0.04	NS[a]	
Percent of DRI for Vitamin C	-0.14	NS[a]	
Percent of DRI for Iodine	0.03	NS[a]	
Percent of DRI for Iron	0.06	NS[a]	
Percent of DRI for Magnesium	0.04	NS[a]	
Percent of DRI for Phosphorus	0.15	NS[a]	
Percent of DRI for Zinc	0.01	NS[a]	
Percent of Recommendation for Saturated Fat	0.09	NS[a]	
Percent of Recommendation for Monounsaturated Fat	0.13	NS[a]	
Percent of Recommendation for Sodium	0.06	NS[a]	
Percent of Recommendation for Potassium	0.12	NS[a]	

n = 149 (except Iodine n = 143)
NS[a]: not statistically significant

Table 21
Correlations between child trying to gain weight and dietary reference intakes (DRI) for nutrients among female subjects (model 2A, B, C)

Nutrients	**Trying to gain weight**	
	r	**p-value**
Percent of DRI for Protein	0.12	NS[a]
Percent of DRI for Calcium	-0.03	NS[a]
Percent of DRI for Carbohydrate	-0.04	NS[a]
Percent of DRI for Fiber	-0.02	NS[a]
Percent of DRI for Fat	-0.02	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.09	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.11	NS[a]
Percent of DRI for Cholesterol	-0.02	NS[a]
Percent of DRI for Folate	-0.03	NS[a]
Percent of DRI for Niacin	-0.07	NS[a]
Percent of DRI for Riboflavin	-0.03	NS[a]
Percent of DRI for Thiamin	-0.07	NS[a]
Percent of DRI for Vitamin A	-0.00	NS[a]
Percent of DRI for Vitamin B6	-0.06	NS[a]
Percent of DRI for Vitamin B12	-0.02	NS[a]
Percent of DRI for Vitamin C	-0.03	NS[a]
Percent of DRI for Iodine	0.05	NS[a]
Percent of DRI for Iron	-0.01	NS[a]
Percent of DRI for Magnesium	-0.00	NS[a]
Percent of DRI for Phosphorus	-0.02	NS[a]
Percent of DRI for Zinc	-0.04	NS[a]
Percent of Recommendation for Saturated Fat	0.09	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.04	NS[a]
Percent of Recommendation for Sodium	-0.09	NS[a]
Percent of Recommendation for Potassium	-0.01	NS[a]

n = 150 (except Iodine n = 148)
NS[a]: not statistically significant

Table 22
Correlations between child body mass index (BMI) percentile and parents' child feeding practices for male subjects (model 3A & B)

Feeding Practice	Child BMI percentile r	p-value
Father pressuring child to eat	-0.19	0.03
Father monitoring/restricting child's intake	0.12	NS[a]
Father concern about child's weight	0.32	0.00
Mother pressuring child to eat	-0.25	0.00
Mother monitoring/restricting child's intake	0.18	0.03
Mother concern about child's weight	0.42	<.0001

n = 126 fathers
n = 156 mothers
n = 159 children
NS[a]: not statistically significant

Table 23
Correlations between child body mass index (BMI) percentile and parents' child feeding practices for female subjects (model 3A & B)

Feeding Practice	Child BMI percentile r	p-value
Father pressuring child to eat	-0.36	<.0001
Father monitoring/restricting child's intake	0.04	NS[a]
Father concern about child's weight	0.24	0.01
Mother pressuring child to eat	-0.31	0.00
Mother monitoring/restricting child's intake	0.05	NS[a]
Mother concern about child's weight	0.29	0.00

n = 119 fathers
n = 153 mothers
n = 152 children
NS[a]: not statistically significant

Table 24
Correlations between child waist-hip-ratio and parents' child feeding practices for male subjects (model 3A & B)

Feeding Practice	**Child waist-hip-ratio** r	p-value
Father pressuring child to eat	-0.20	0.02
Father monitoring/restricting child's intake	-0.05	NS[a]
Father concern about child's weight	-0.15	NS[a]
Mother pressuring child to eat	-0.11	NS[a]
Mother monitoring/restricting child's intake	0.18	0.02
Mother concern about child's weight	0.21	0.01

n = 126 fathers
n = 156 mothers
n = 159 children
NS[a]: not statistically significant

Table 25
Correlations between child waist-hip-ratio and parents' child feeding practices for female subjects (model 3A & B)

Feeding Practice	**Child waist-hip-ratio** r	p-value
Father pressuring child to eat	-0.09	NS[a]
Father monitoring/restricting child's intake	-0.01	NS[a]
Father concern about child's weight	0.13	NS[a]
Mother pressuring child to eat	-0.17	0.04
Mother monitoring/restricting child's intake	0.12	NS[a]
Mother concern about child's weight	0.09	NS[a]

n = 119 fathers
n = 153 mothers
n = 153 children
NS[a]: not statistically significant

Table 26
Correlations between child skinfolds (triceps + subscapular) and parents' child feeding practices for male subjects (model 3A & B)

Feeding Practice	**Child skinfolds** r	**Child skinfolds** p-value
Father pressuring child to eat	-0.13	NS[a]
Father monitoring/restricting child's intake	0.10	NS[a]
Father concern about child's weight	0.31	0.00
Mother pressuring child to eat	-0.16	0.04
Mother monitoring/restricting child's intake	0.28	0.00
Mother concern about child's weight	0.57	<.0001

n = 126 fathers
n = 156 mothers
n = 158 children
NS[a]: not statistically significant

Table 27
Correlations between child skinfolds (triceps + subscapular) and parents' child feeding practices for female subjects (model 3A & B)

Feeding Practice	**Child skinfolds** r	**Child skinfolds** p-value
Father pressuring child to eat	-0.28	0.00
Father monitoring/restricting child's intake	0.01	NS[a]
Father concern about child's weight	0.25	0.01
Mother pressuring child to eat	-0.19	0.02
Mother monitoring/restricting child's intake	0.10	NS[a]
Mother concern about child's weight	0.35	<.0001

n = 119 fathers
n = 153 mothers
n = 153 children
NS[a]: not statistically significant

Table 28
Correlations between child's perception of overweight and parents' child feeding practices for male subjects (model 3A & B)

Feeding Practice	Child's weight perception (from mother)		(from father)		(from child)	
	r	p-value	r	p-value	r	p-value
Father pressuring child to eat	0.07	NS[a]	0.07	NS[a]	-0.20	0.03
Father monitoring/restricting child's intake	0.04	NS[a]	0.06	NS[a]	-0.03	NS[a]
Father concern about child's weight	0.20	0.02	0.21	0.02	0.11	NS[a]
Mother pressuring child to eat	-0.09	NS[a]	-0.03	NS[a]	-0.16	0.05
Mother monitoring/restricting child's intake	0.19	0.02	0.15	NS[a]	0.24	0.00
Mother concern about child's weight	0.42	<.0001	0.35	<.0001	0.39	<.0001

n = 126 fathers
n = 156 mothers
NS[a]: not statistically significant

Table 29
Correlations between child's perception of overweight and parents' child feeding practices for female subjects (model 3A & B)

Feeding Practice	Child's weight perception (from mother)		(from father)		(from child)	
	r	p-value	r	p-value	r	p-value
Father pressuring child to eat	-0.23	0.01	-0.19	0.04	-0.25	0.01
Father monitoring/restricting child's intake	0.05	NS[a]	0.03	NS[a]	0.05	NS[a]
Father concern about child's weight	0.12	NS[a]	0.11	NS[a]	0.07	0.43
Mother pressuring child to eat	-0.04	NS[a]	-0.10	NS[a]	-0.15	NS[a]
Mother monitoring/restricting child's intake	0.10	0.20	0.13	NS[a]	0.14	NS[a]
Mother concern about child's weight	0.36	<.0001	0.30	0.00	0.36	<.0001

n = 119 fathers
n = 153 mothers
NS[a]: not statistically significant

Table 30
Correlations between child perception of underweight and parents' child feeding practices for male subjects (model 3A & B)

Feeding Practice	**Child underweight** r	**p-value**
Father pressuring child to eat	0.01	NS[a]
Father monitoring/restricting child's intake	-0.06	NS[a]
Father concern about child's weight	-0.22	0.02
Mother pressuring child to eat	0.19	0.02
Mother monitoring/restricting child's intake	-0.03	NS[a]
Mother concern about child's weight	-0.23	0.00

n = 126 fathers
n = 156 mothers
n = 159 children
NS[a]: not statistically significant

Table 31
Correlations between child perception of underweight and parents' child feeding practices for female subjects (model 3A & B)

Feeding Practice	**Child underweight** r	**p-value**
Father pressuring child to eat	0.28	0.00
Father monitoring/restricting child's intake	0.07	NS[a]
Father concern about child's weight	-0.02	NS[a]
Mother pressuring child to eat	0.12	NS[a]
Mother monitoring/restricting child's intake	-0.15	NS[a]
Mother concern about child's weight	-0.17	0.03

n = 126 fathers
n = 156 mothers
n = 159 children
NS[a]: not statistically significant

Table 32
Correlations between father pressuring child to eat and dietary reference intakes (DRI) for nutrients among male subjects (model 3A & B)

Nutrients	**Father pressure**	
	r	**p-value**
Percent of DRI for Protein	0.16	NS[a]
Percent of DRI for Calcium	0.01	NS[a]
Percent of DRI for Carbohydrate	-0.13	NS[a]
Percent of DRI for Fiber	-0.17	NS[a]
Percent of DRI for Fat	-0.09	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.04	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.04	NS[a]
Percent of DRI for Cholesterol	0.09	NS[a]
Percent of DRI for Folate	-0.00	NS[a]
Percent of DRI for Niacin	-0.05	NS[a]
Percent of DRI for Riboflavin	0.01	NS[a]
Percent of DRI for Thiamin	0.06	NS[a]
Percent of DRI for Vitamin A	0.03	NS[a]
Percent of DRI for Vitamin B6	-0.02	NS[a]
Percent of DRI for Vitamin B12	-0.01	NS[a]
Percent of DRI for Vitamin C	0.03	NS[a]
Percent of DRI for Iodine	0.05	NS[a]
Percent of DRI for Iron	-0.06	NS[a]
Percent of DRI for Magnesium	0.05	NS[a]
Percent of DRI for Phosphorus	0.05	NS[a]
Percent of DRI for Zinc	-0.02	NS[a]
Percent of Recommendation for Saturated Fat	0.09	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.05	NS[a]
Percent of Recommendation for Sodium	-0.20	0.03
Percent of Recommendation for Potassium	-0.01	NS[a]

n = 118 (except Iodine n = 115)
NS[a]: not statistically significant

Table 33
Correlations between father pressuring child to eat and dietary reference intakes (DRI) for nutrients among female subjects (model 3A & B)

Nutrients	**Father pressure**	
	r	**p-value**
Percent of DRI for Protein	0.10	NS[a]
Percent of DRI for Calcium	-0.08	NS[a]
Percent of DRI for Carbohydrate	0.03	NS[a]
Percent of DRI for Fiber	-0.08	NS[a]
Percent of DRI for Fat	-0.09	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.00	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.07	NS[a]
Percent of DRI for Cholesterol	-0.08	NS[a]
Percent of DRI for Folate	0.14	NS[a]
Percent of DRI for Niacin	0.05	NS[a]
Percent of DRI for Riboflavin	0.14	NS[a]
Percent of DRI for Thiamin	0.14	NS[a]
Percent of DRI for Vitamin A	-0.01	NS[a]
Percent of DRI for Vitamin B6	0.20	0.03
Percent of DRI for Vitamin B12	0.05	NS[a]
Percent of DRI for Vitamin C	0.09	NS[a]
Percent of DRI for Iodine	0.23	0.02
Percent of DRI for Iron	-0.00	NS[a]
Percent of DRI for Magnesium	0.11	NS[a]
Percent of DRI for Phosphorus	0.07	NS[a]
Percent of DRI for Zinc	0.04	NS[a]
Percent of Recommendation for Saturated Fat	-0.16	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.01	NS[a]
Percent of Recommendation for Sodium	-0.10	NS[a]
Percent of Recommendation for Potassium	0.15	NS[a]

n = 116 (except Iodine n = 114)
NS[a]: not statistically significant

Table 34
Correlations between father concern about child weight and dietary reference intakes (DRI) for nutrients among male subjects (model 3A & B)

Nutrients	**Father concern**	
	r	**p-value**
Percent of DRI for Protein	-0.09	NS[a]
Percent of DRI for Calcium	-0.07	NS[a]
Percent of DRI for Carbohydrate	-0.16	NS[a]
Percent of DRI for Fiber	0.04	NS[a]
Percent of DRI for Fat	-0.22	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.04	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.03	NS[a]
Percent of DRI for Cholesterol	-0.15	NS[a]
Percent of DRI for Folate	0.07	NS[a]
Percent of DRI for Niacin	0.01	NS[a]
Percent of DRI for Riboflavin	0.01	NS[a]
Percent of DRI for Thiamin	0.05	NS[a]
Percent of DRI for Vitamin A	0.02	NS[a]
Percent of DRI for Vitamin B6	0.06	NS[a]
Percent of DRI for Vitamin B12	-0.04	NS[a]
Percent of DRI for Vitamin C	0.05	NS[a]
Percent of DRI for Iodine	0.01	NS[a]
Percent of DRI for Iron	0.04	NS[a]
Percent of DRI for Magnesium	0.10	NS[a]
Percent of DRI for Phosphorus	-0.03	NS[a]
Percent of DRI for Zinc	0.03	NS[a]
Percent of Recommendation for Saturated Fat	-0.07	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.05	NS[a]
Percent of Recommendation for Sodium	-0.11	NS[a]
Percent of Recommendation for Potassium	0.01	NS[a]

n = 118 (except Iodine n = 115)
NS[a]: not statistically significant

Table 35
Correlations between father concern about child weight and dietary reference intakes (DRI) for nutrients among female subjects (model 3A & B)

Nutrients	**Father concern** r	p-value
Percent of DRI for Protein	-0.08	NS[a]
Percent of DRI for Calcium	-0.01	NS[a]
Percent of DRI for Carbohydrate	-0.07	NS[a]
Percent of DRI for Fiber	-0.05	NS[a]
Percent of DRI for Fat	0.05	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.04	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.01	NS[a]
Percent of DRI for Cholesterol	0.02	NS[a]
Percent of DRI for Folate	0.01	NS[a]
Percent of DRI for Niacin	-0.06	NS[a]
Percent of DRI for Riboflavin	-0.05	NS[a]
Percent of DRI for Thiamin	-0.09	NS[a]
Percent of DRI for Vitamin A	-0.14	NS[a]
Percent of DRI for Vitamin B6	-0.05	NS[a]
Percent of DRI for Vitamin B12	-0.08	NS[a]
Percent of DRI for Vitamin C	-0.16	NS[a]
Percent of DRI for Iodine	-0.07	NS[a]
Percent of DRI for Iron	0.03	NS[a]
Percent of DRI for Magnesium	-0.06	NS[a]
Percent of DRI for Phosphorus	-0.08	NS[a]
Percent of DRI for Zinc	0.03	NS[a]
Percent of Recommendation for Saturated Fat	0.09	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.00	NS[a]
Percent of Recommendation for Sodium	0.01	NS[a]
Percent of Recommendation for Potassium	-0.11	NS[a]

n = 116 (except Iodine n = 114)
NS[a]: not statistically significant

Table 36
Correlations between father monitoring/restricting child intake and dietary reference intakes (DRI) for nutrients among male subjects (model 3A & B)

Nutrients	Father monitoring/restricting	
	r	**p-value**
Percent of DRI for Protein	0.04	NS[a]
Percent of DRI for Calcium	-0.04	NS[a]
Percent of DRI for Carbohydrate	-0.09	NS[a]
Percent of DRI for Fiber	0.10	NS[a]
Percent of DRI for Fat	-0.15	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.12	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.11	NS[a]
Percent of DRI for Cholesterol	-0.15	NS[a]
Percent of DRI for Folate	0.21	0.02
Percent of DRI for Niacin	0.09	NS[a]
Percent of DRI for Riboflavin	0.17	NS[a]
Percent of DRI for Thiamin	0.17	NS[a]
Percent of DRI for Vitamin A	0.13	NS[a]
Percent of DRI for Vitamin B6	0.12	NS[a]
Percent of DRI for Vitamin B12	0.02	NS[a]
Percent of DRI for Vitamin C	0.15	NS[a]
Percent of DRI for Iodine	0.18	NS[a]
Percent of DRI for Iron	0.11	NS[a]
Percent of DRI for Magnesium	0.31	0.00
Percent of DRI for Phosphorus	0.14	NS[a]
Percent of DRI for Zinc	0.08	NS[a]
Percent of Recommendation for Saturated Fat	-0.06	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.15	NS[a]
Percent of Recommendation for Sodium	-0.13	NS[a]
Percent of Recommendation for Potassium	0.13	NS[a]

n = 118 (except Iodine n = 115)
NS[a]: not statistically significant

Table 37
Correlations between father monitoring/restricting child intake and dietary reference intakes (DRI) for nutrients among female subjects (model 3A & B)

Nutrients	Father monitoring/restricting	
	r	**p-value**
Percent of DRI for Protein	-0.01	NS[a]
Percent of DRI for Calcium	0.00	NS[a]
Percent of DRI for Carbohydrate	-0.01	NS[a]
Percent of DRI for Fiber	0.04	NS[a]
Percent of DRI for Fat	-0.02	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.03	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.05	NS[a]
Percent of DRI for Cholesterol	-0.04	NS[a]
Percent of DRI for Folate	0.09	NS[a]
Percent of DRI for Niacin	0.09	NS[a]
Percent of DRI for Riboflavin	0.14	NS[a]
Percent of DRI for Thiamin	0.04	NS[a]
Percent of DRI for Vitamin A	-0.06	NS[a]
Percent of DRI for Vitamin B6	0.16	NS[a]
Percent of DRI for Vitamin B12	0.03	NS[a]
Percent of DRI for Vitamin C	-0.03	NS[a]
Percent of DRI for Iodine	0.23	NS[a]
Percent of DRI for Iron	0.09	NS[a]
Percent of DRI for Magnesium	0.11	NS[a]
Percent of DRI for Phosphorus	0.06	NS[a]
Percent of DRI for Zinc	0.04	NS[a]
Percent of Recommendation for Saturated Fat	-0.10	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.08	NS[a]
Percent of Recommendation for Sodium	0.00	NS[a]
Percent of Recommendation for Potassium	0.18	NS[a]

n = 116 (except Iodine n = 114)
NS[a]: not statistically significant

Table 38
Correlations between mother pressuring child to eat and dietary reference intakes (DRI) for nutrients among male subjects (model 3A & B)

Nutrients	Mother pressure	
	r	p-value
Percent of DRI for Protein	0.19	0.02
Percent of DRI for Calcium	0.10	NS[a]
Percent of DRI for Carbohydrate	0.14	NS[a]
Percent of DRI for Fiber	-0.01	NS[a]
Percent of DRI for Fat	0.11	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.07	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.02	NS[a]
Percent of DRI for Cholesterol	0.02	NS[a]
Percent of DRI for Folate	0.13	NS[a]
Percent of DRI for Niacin	0.08	NS[a]
Percent of DRI for Riboflavin	0.09	NS[a]
Percent of DRI for Thiamin	0.15	NS[a]
Percent of DRI for Vitamin A	0.08	NS[a]
Percent of DRI for Vitamin B6	0.10	NS[a]
Percent of DRI for Vitamin B12	0.07	NS[a]
Percent of DRI for Vitamin C	0.14	NS[a]
Percent of DRI for Iodine	0.13	NS[a]
Percent of DRI for Iron	0.12	NS[a]
Percent of DRI for Magnesium	0.06	NS[a]
Percent of DRI for Phosphorus	0.18	0.03
Percent of DRI for Zinc	0.11	NS[a]
Percent of Recommendation for Saturated Fat	-0.03	NS[a]
Percent of Recommendation for Monounsaturated Fat	-0.01	NS[a]
Percent of Recommendation for Sodium	0.05	NS[a]
Percent of Recommendation for Potassium	0.21	0.01

n = 146 (except Iodine n = 140)
NS[a]: not statistically significant

Table 39
Correlations between mother pressuring child to eat and dietary reference intakes (DRI) for nutrients among female subjects (model 3A & B)

Nutrients	**Mother pressure** r	p-value
Percent of DRI for Protein	0.24	0.00
Percent of DRI for Calcium	-0.04	NS[a]
Percent of DRI for Carbohydrate	-0.07	NS[a]
Percent of DRI for Fiber	-0.02	NS[a]
Percent of DRI for Fat	0.04	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.07	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.15	NS[a]
Percent of DRI for Cholesterol	0.07	NS[a]
Percent of DRI for Folate	0.04	NS[a]
Percent of DRI for Niacin	0.07	NS[a]
Percent of DRI for Riboflavin	0.05	NS[a]
Percent of DRI for Thiamin	0.03	NS[a]
Percent of DRI for Vitamin A	0.07	NS[a]
Percent of DRI for Vitamin B6	0.10	NS[a]
Percent of DRI for Vitamin B12	0.02	NS[a]
Percent of DRI for Vitamin C	0.00	NS[a]
Percent of DRI for Iodine	0.00	NS[a]
Percent of DRI for Iron	0.01	NS[a]
Percent of DRI for Magnesium	0.09	NS[a]
Percent of DRI for Phosphorus	0.10	0.03
Percent of DRI for Zinc	0.07	NS[a]
Percent of Recommendation for Saturated Fat	0.03	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.27	0.00
Percent of Recommendation for Sodium	0.01	NS[a]
Percent of Recommendation for Potassium	0.13	NS[a]

n = 150 (except Iodine n = 148)
NS[a]: not statistically significant

Table 40
Correlations between mother concern about child weight and dietary reference intakes (DRI) for nutrients among male subjects (model 3A & B)

Nutrients	Mother concern	
	r	p-value
Percent of DRI for Protein	-0.27	0.00
Percent of DRI for Calcium	-0.16	NS[a]
Percent of DRI for Carbohydrate	-0.10	NS[a]
Percent of DRI for Fiber	-0.01	NS[a]
Percent of DRI for Fat	-0.10	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.13	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.03	NS[a]
Percent of DRI for Cholesterol	0.08	NS[a]
Percent of DRI for Folate	-0.05	NS[a]
Percent of DRI for Niacin	-0.00	NS[a]
Percent of DRI for Riboflavin	-0.04	NS[a]
Percent of DRI for Thiamin	-0.10	NS[a]
Percent of DRI for Vitamin A	-0.09	NS[a]
Percent of DRI for Vitamin B6	-0.00	NS[a]
Percent of DRI for Vitamin B12	0.01	NS[a]
Percent of DRI for Vitamin C	0.14	NS[a]
Percent of DRI for Iodine	-0.06	NS[a]
Percent of DRI for Iron	-0.02	NS[a]
Percent of DRI for Magnesium	-0.01	NS[a]
Percent of DRI for Phosphorus	-0.02	NS[a]
Percent of DRI for Zinc	0.02	NS[a]
Percent of Recommendation for Saturated Fat	-0.06	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.01	NS[a]
Percent of Recommendation for Sodium	0.01	NS[a]
Percent of Recommendation for Potassium	-0.05	NS[a]

n = 146 (except Iodine n = 140)
NS[a]: not statistically significant

Table 41
Correlations between mother concern about child weight and dietary reference intakes (DRI) for nutrients among female subjects (model 3A & B)

Nutrients	**Mother concern**	
	r	**p-value**
Percent of DRI for Protein	-0.08	NS[a]
Percent of DRI for Calcium	0.06	NS[a]
Percent of DRI for Carbohydrate	0.08	NS[a]
Percent of DRI for Fiber	0.13	NS[a]
Percent of DRI for Fat	0.21	0.01
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.10	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.08	NS[a]
Percent of DRI for Cholesterol	0.21	0.01
Percent of DRI for Folate	0.08	NS[a]
Percent of DRI for Niacin	0.14	NS[a]
Percent of DRI for Riboflavin	0.13	NS[a]
Percent of DRI for Thiamin	0.06	NS[a]
Percent of DRI for Vitamin A	-0.01	NS[a]
Percent of DRI for Vitamin B6	0.17	0.04
Percent of DRI for Vitamin B12	0.07	NS[a]
Percent of DRI for Vitamin C	0.04	NS[a]
Percent of DRI for Iodine	0.02	NS[a]
Percent of DRI for Iron	0.19	0.02
Percent of DRI for Magnesium	0.18	0.02
Percent of DRI for Phosphorus	0.12	NS[a]
Percent of DRI for Zinc	0.13	NS[a]
Percent of Recommendation for Saturated Fat	0.11	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.19	0.02
Percent of Recommendation for Sodium	0.25	0.00
Percent of Recommendation for Potassium	0.11	NS[a]

n = 150 (except Iodine n = 148)
NS[a]: not statistically significant

Table 42
Correlations between mother monitoring/restricting child intake and dietary reference intakes (DRI) for nutrients among male subjects (model 3A & B)

	Mother monitoring/restricting	
Nutrients	**r**	**p-value**
Percent of DRI for Protein	-0.18	0.03
Percent of DRI for Calcium	-0.12	NS[a]
Percent of DRI for Carbohydrate	-0.12	NS[a]
Percent of DRI for Fiber	-0.08	NS[a]
Percent of DRI for Fat	-0.11	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.01	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.02	NS[a]
Percent of DRI for Cholesterol	0.02	NS[a]
Percent of DRI for Folate	-0.04	NS[a]
Percent of DRI for Niacin	-0.06	NS[a]
Percent of DRI for Riboflavin	-0.05	NS[a]
Percent of DRI for Thiamin	-0.03	NS[a]
Percent of DRI for Vitamin A	0.09	NS[a]
Percent of DRI for Vitamin B6	-0.05	NS[a]
Percent of DRI for Vitamin B12	-0.03	NS[a]
Percent of DRI for Vitamin C	0.04	NS[a]
Percent of DRI for Iodine	-0.04	NS[a]
Percent of DRI for Iron	-0.06	NS[a]
Percent of DRI for Magnesium	0.11	NS[a]
Percent of DRI for Phosphorus	-0.06	NS[a]
Percent of DRI for Zinc	-0.04	NS[a]
Percent of Recommendation for Saturated Fat	-0.05	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.17	0.04
Percent of Recommendation for Sodium	-0.01	NS[a]
Percent of Recommendation for Potassium	-0.03	NS[a]

n = 146 (except Iodine n = 140)
NS[a]: not statistically significant

Table 43
Correlations between mother monitoring/restricting child intake and dietary reference intakes (DRI) for nutrients among female subjects (model 3A & B)

Nutrients	Mother monitoring/restricting	
	r	**p-value**
Percent of DRI for Protein	0.05	NS[a]
Percent of DRI for Calcium	0.08	NS[a]
Percent of DRI for Carbohydrate	0.07	NS[a]
Percent of DRI for Fiber	0.13	NS[a]
Percent of DRI for Fat	0.07	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.10	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.07	NS[a]
Percent of DRI for Cholesterol	0.21	0.01
Percent of DRI for Folate	0.16	0.05
Percent of DRI for Niacin	0.13	NS[a]
Percent of DRI for Riboflavin	0.20	0.01
Percent of DRI for Thiamin	0.09	NS[a]
Percent of DRI for Vitamin A	0.20	0.01
Percent of DRI for Vitamin B6	0.22	0.01
Percent of DRI for Vitamin B12	0.23	0.01
Percent of DRI for Vitamin C	0.25	0.00
Percent of DRI for Iodine	0.09	NS[a]
Percent of DRI for Iron	0.16	NS[a]
Percent of DRI for Magnesium	0.23	0.01
Percent of DRI for Phosphorus	0.13	NS[a]
Percent of DRI for Zinc	0.16	0.04
Percent of Recommendation for Saturated Fat	0.02	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.10	NS[a]
Percent of Recommendation for Sodium	0.10	NS[a]
Percent of Recommendation for Potassium	0.20	0.01

n = 150 (except Iodine n = 148)
NS[a]: not statistically significant

Table 44
Correlations between mother Body Mass Index (BMI) and selected variables for male subjects (model 4)

Child variables	Mother BMI r	p-value	n
Child BMI percentile	0.26	0.00	156
Waist-hip-ratio	0.10	NS[a]	156
Skinfolds (triceps + subscapular)	0.27	0.00	155
Perception of child underweight (child)	-0.16	0.05	156
Perception of child overweight (child)	0.13	NS[a]	156
Perception of child overweight (mother)	0.15	NS[a]	156
Perception of child overweight (father)	0.04	NS[a]	142

NS[a]: not statistically significant

Table 45
Correlations between mother Body Mass Index (BMI) and selected variables for female subjects (model 4)

Child variables	Mother BMI r	p-value	n
Child BMI percentile	0.26	0.00	151
Waist-hip-ratio	0.12	NS[a]	152
Skinfolds (triceps + subscapular)	0.27	0.00	152
Perception of child underweight (child)	-0.20	0.01	152
Perception of child overweight (child)	0.16	NS[a]	150
Perception of child overweight (mother)	0.15	NS[a]	152
Perception of child overweight (father)	0.00	NS[a]	137

NS[a]: not statistically significant

Table 46
Correlations between father Body Mass Index (BMI) and selected variables for male subjects (model 4)

Child variables	Father BMI r	p-value	n
Child BMI percentile	0.19	0.04	126
Waist-hip-ratio	0.13	NS[a]	126
Skinfolds (triceps + subscapular)	0.20	0.03	125
Perception of child underweight (child)	-0.12	NS[a]	126
Perception of child overweight (child)	0.08	NS[a]	126
Perception of child overweight (mother)	0.06	NS[a]	126
Perception of child overweight (father)	0.06	NS[a]	124

NS[a]: not statistically significant

Table 47
Correlations between father Body Mass Index (BMI) and selected variables for female subjects (model 4)

Child variables	Father BMI r	p-value	n
Child BMI percentile	0.28	0.00	118
Waist-hip-ratio	0.17	NS[a]	119
Skinfolds (triceps + subscapular)	0.41	<.0001	119
Perception of child underweight (child)	-0.12	NS[a]	119
Perception of child overweight (child)	0.35	<.0001	117
Perception of child overweight (mother)	0.23	0.01	119
Perception of child overweight (father)	0.25	0.01	118

NS[a]: not statistically significant

Table 48
Correlations between mother overweight and selected variables for male subjects (model 4)

Child variables	Mother overweight r	p-value	n
Child BMI percentile	0.19	0.02	156
Waist-hip-ratio	-0.01	NS[a]	156
Skinfolds (triceps + subscapular)	0.11	NS[a]	155
Perception of child underweight (child)	-0.19	0.01	156
Perception of child overweight (child)	0.03	NS[a]	156
Perception of child overweight (mother)	-0.00	NS[a]	156
Perception of child overweight (father)	-0.04	NS[a]	142

NS[a]: not statistically significant

Table 49
Correlations between mother overweight and selected variables for female subjects (model 4)

Child variables	Mother overweight r	p-value	n
Child BMI percentile	0.21	0.01	152
Waist-hip-ratio	0.14	NS[a]	153
Skinfolds (triceps + subscapular)	0.20	0.01	153
Perception of child underweight (child)	-0.10	NS[a]	153
Perception of child overweight (child)	0.12	NS[a]	151
Perception of child overweight (mother)	0.13	NS[a]	153
Perception of child overweight (father)	-0.01	NS[a]	138

NS[a]: not statistically significant

Table 50
Correlations between father overweight and selected variables for male subjects (model 4)

Child variables	Father overweight r	p-value	n
Child BMI percentile	0.07	NS[a]	126
Waist-hip-ratio	0.09	NS[a]	126
Skinfolds (triceps + subscapular)	0.09	NS[a]	125
Perception of child underweight (child)	-0.14	NS[a]	126
Perception of child overweight (child)	0.08	NS[a]	126
Perception of child overweight (mother)	0.08	NS[a]	126
Perception of child overweight (father)	0.16	NS[a]	124

NS[a]: not statistically significant

Table 51
Correlations between father overweight and selected variables for female subjects (model 4)

Child variables	Father overweight r	p-value	n
Child BMI percentile	0.13	NS[a]	118
Waist-hip-ratio	0.03	NS[a]	119
Skinfolds (triceps + subscapular)	0.25	0.01	119
Perception of child underweight (child)	-0.10	NS[a]	119
Perception of child overweight (child)	0.13	NS[a]	117
Perception of child overweight (mother)	0.07	NS[a]	119
Perception of child overweight (father)	0.07	NS[a]	118

NS[a]: not statistically significant

Table 52
Correlations between mother underweight and selected variables for male subjects (model 4)

Child variables	Mother underweight r	p-value	n
Child BMI percentile	-0.20	0.01	156
Waist-hip-ratio	0.04	NS[a]	156
Skinfolds (triceps + subscapular)	-0.08	NS[a]	155
Perception of child underweight (child)	0.12	NS[a]	156
Perception of child overweight (child)	-0.02	NS[a]	156
Perception of child overweight (mother)	-0.10	NS[a]	156
Perception of child overweight (father)	-0.07	NS[a]	142

NS[a]: not statistically significant

Table 53
Correlations between mother underweight and selected variables for female subjects (model 4)

Child variables	Mother underweight r	p-value	n
Child BMI percentile	-0.10	NS[a]	152
Waist-hip-ratio	-0.10	NS[a]	153
Skinfolds (triceps + subscapular)	-0.09	NS[a]	153
Perception of child underweight (child)	0.04	NS[a]	153
Perception of child overweight (child)	-0.02	NS[a]	151
Perception of child overweight (mother)	-0.07	NS[a]	153
Perception of child overweight (father)	-0.02	NS[a]	138

NS[a]: not statistically significant

Table 54
Correlations between father underweight and selected variables for male subjects (model 4)

Child variables	Father underweight r	p-value	n
Child BMI percentile	-0.07	NS[a]	126
Waist-hip-ratio	-0.09	NS[a]	126
Skinfolds (triceps + subscapular)	-0.02	NS[a]	125
Perception of child underweight (child)	-0.02	NS[a]	126
Perception of child overweight (child)	-0.14	NS[a]	126
Perception of child overweight (mother)	-0.14	NS[a]	126
Perception of child overweight (father)	-0.04	NS[a]	124

NS[a]: not statistically significant

Table 55
Correlations between father underweight and selected variables for female subjects (model 4)

Child variables	Father underweight r	p-value	n
Child BMI percentile	-0.11	NS[a]	118
Waist-hip-ratio	0.03	NS[a]	119
Skinfolds (triceps + subscapular)	-0.19	0.04	119
Perception of child underweight (child)	0.02	NS[a]	119
Perception of child overweight (child)	-0.12	NS[a]	117
Perception of child overweight (mother)	0.04	NS[a]	119
Perception of child overweight (father)	-0.02	NS[a]	118

NS[a]: not statistically significant

Table 56
Correlations between mother perceiving others think she is overweight and selected variables for male subjects (model 4)

Child variables	Mother overweight perception		
	r	p-value	n
Child BMI percentile	0.18	0.02	155
Waist-hip-ratio	0.08	NS[a]	155
Skinfolds (triceps + subscapular)	0.12	NS[a]	154
Perception of child underweight (child)	-0.11	NS[a]	155
Perception of child overweight (child)	0.10	NS[a]	155
Perception of child overweight (mother)	0.09	NS[a]	155
Perception of child overweight (father)	-0.07	NS[a]	142

NS[a]: not statistically significant

Table 57
Correlations between mother perceiving others think she is overweight and selected variables for female subjects (model 4)

Child variables	Mother overweight perception		
	r	p-value	n
Child BMI percentile	0.26	0.00	151
Waist-hip-ratio	-0.01	NS[a]	152
Skinfolds (triceps + subscapular)	0.10	NS[a]	152
Perception of child underweight (child)	-0.15	NS[a]	152
Perception of child overweight (child)	0.16	NS[a]	150
Perception of child overweight (mother)	0.11	NS[a]	152
Perception of child overweight (father)	-0.03	NS[a]	137

NS[a]: not statistically significant

Table 58
Correlations between father perceiving others think he is overweight and selected variables for male subjects (model 4)

Child variables	Father overweight perception r	p-value	n
Child BMI percentile	0.02	NS[a]	122
Waist-hip-ratio	0.00	NS[a]	122
Skinfolds (triceps + subscapular)	0.08	NS[a]	121
Perception of child underweight (child)	-0.15	NS[a]	122
Perception of child overweight (child)	-0.08	NS[a]	122
Perception of child overweight (mother)	0.04	NS[a]	122
Perception of child overweight (father)	0.03	NS[a]	121

NS[a]: not statistically significant

Table 59
Correlations between father perceiving others think he is overweight and selected variables for female subjects (model 4)

Child variables	Father overweight perception r	p-value	n
Child BMI percentile	0.10	NS[a]	118
Waist-hip-ratio	-0.05	NS[a]	119
Skinfolds (triceps + subscapular)	0.24	0.01	119
Perception of child underweight (child)	-0.02	NS[a]	119
Perception of child overweight (child)	0.15	NS[a]	117
Perception of child overweight (mother)	0.17	NS[a]	119
Perception of child overweight (father)	0.18	0.05	118

NS[a]: not statistically significant

Table 60
Correlations between mother Body Mass Index (BMI) and dietary reference intakes (DRI) for nutrients among male subjects (model 4)

Nutrients	Mother BMI	
	r	p-value
Percent of DRI for Protein	-0.18	0.03
Percent of DRI for Calcium	-0.21	0.01
Percent of DRI for Carbohydrate	-0.09	NS[a]
Percent of DRI for Fiber	-0.10	NS[a]
Percent of DRI for Fat	-0.16	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.09	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.08	NS[a]
Percent of DRI for Cholesterol	-0.05	NS[a]
Percent of DRI for Folate	-0.14	NS[a]
Percent of DRI for Niacin	-0.04	NS[a]
Percent of DRI for Riboflavin	-0.12	NS[a]
Percent of DRI for Thiamin	-0.10	NS[a]
Percent of DRI for Vitamin A	-0.01	NS[a]
Percent of DRI for Vitamin B6	-0.07	NS[a]
Percent of DRI for Vitamin B12	-0.09	NS[a]
Percent of DRI for Vitamin C	0.01	NS[a]
Percent of DRI for Iodine	-0.15	NS[a]
Percent of DRI for Iron	-0.15	NS[a]
Percent of DRI for Magnesium	-0.04	NS[a]
Percent of DRI for Phosphorus	-0.13	NS[a]
Percent of DRI for Zinc	-0.07	NS[a]
Percent of Recommendation for Saturated Fat	-0.15	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.07	NS[a]
Percent of Recommendation for Sodium	-0.10	NS[a]
Percent of Recommendation for Potassium	-0.14	NS[a]

n = 146 (except Iodine n = 140)
NS[a]: not statistically significant

Table 61
Correlations between mother Body Mass Index (BMI) and dietary reference intakes (DRI) for nutrients among female subjects (model 4)

Nutrients	**Mother BMI** r	p-value
Percent of DRI for Protein	-0.01	NS[a]
Percent of DRI for Calcium	-0.04	NS[a]
Percent of DRI for Carbohydrate	0.04	NS[a]
Percent of DRI for Fiber	0.07	NS[a]
Percent of DRI for Fat	0.08	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.03	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.01	NS[a]
Percent of DRI for Cholesterol	0.12	NS[a]
Percent of DRI for Folate	-0.02	NS[a]
Percent of DRI for Niacin	0.06	NS[a]
Percent of DRI for Riboflavin	-0.03	NS[a]
Percent of DRI for Thiamin	0.03	NS[a]
Percent of DRI for Vitamin A	-0.02	NS[a]
Percent of DRI for Vitamin B6	0.05	NS[a]
Percent of DRI for Vitamin B12	0.00	NS[a]
Percent of DRI for Vitamin C	0.02	NS[a]
Percent of DRI for Iodine	0.00	NS[a]
Percent of DRI for Iron	0.03	NS[a]
Percent of DRI for Magnesium	0.05	NS[a]
Percent of DRI for Phosphorus	0.06	NS[a]
Percent of DRI for Zinc	0.05	NS[a]
Percent of Recommendation for Saturated Fat	0.00	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.00	NS[a]
Percent of Recommendation for Sodium	0.12	NS[a]
Percent of Recommendation for Potassium	0.05	NS[a]

n = 146 (except Iodine n = 147)
NS[a]: not statistically significant

Table 62
Correlations between father Body Mass Index (BMI) and dietary reference intakes (DRI) for nutrients among male subjects (model 4)

	Father BMI	
Nutrients	**r**	**p-value**
Percent of DRI for Protein	-0.04	NS[a]
Percent of DRI for Calcium	0.07	NS[a]
Percent of DRI for Carbohydrate	0.07	NS[a]
Percent of DRI for Fiber	-0.04	NS[a]
Percent of DRI for Fat	0.07	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.01	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.01	NS[a]
Percent of DRI for Cholesterol	-0.00	NS[a]
Percent of DRI for Folate	-0.02	NS[a]
Percent of DRI for Niacin	0.12	NS[a]
Percent of DRI for Riboflavin	0.04	NS[a]
Percent of DRI for Thiamin	0.06	NS[a]
Percent of DRI for Vitamin A	-0.03	NS[a]
Percent of DRI for Vitamin B6	0.10	NS[a]
Percent of DRI for Vitamin B12	0.05	NS[a]
Percent of DRI for Vitamin C	0.03	NS[a]
Percent of DRI for Iodine	-0.01	NS[a]
Percent of DRI for Iron	0.06	NS[a]
Percent of DRI for Magnesium	-0.02	NS[a]
Percent of DRI for Phosphorus	0.02	NS[a]
Percent of DRI for Zinc	0.03	NS[a]
Percent of Recommendation for Saturated Fat	0.07	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.08	NS[a]
Percent of Recommendation for Sodium	0.13	NS[a]
Percent of Recommendation for Potassium	0.03	NS[a]

n = 118 (except Iodine n = 115)
NS[a]: not statistically significant

Table 63
Correlations between father Body Mass Index (BMI) and dietary reference intakes (DRI) for nutrients among female subjects (model 4)

Nutrients	**Father BMI**	
	r	**p-value**
Percent of DRI for Protein	-0.10	NS[a]
Percent of DRI for Calcium	0.05	NS[a]
Percent of DRI for Carbohydrate	0.12	NS[a]
Percent of DRI for Fiber	0.01	NS[a]
Percent of DRI for Fat	0.21	0.02
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.12	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.06	NS[a]
Percent of DRI for Cholesterol	0.20	0.03
Percent of DRI for Folate	-0.06	NS[a]
Percent of DRI for Niacin	0.01	NS[a]
Percent of DRI for Riboflavin	-0.06	NS[a]
Percent of DRI for Thiamin	0.06	NS[a]
Percent of DRI for Vitamin A	-0.08	NS[a]
Percent of DRI for Vitamin B6	-0.11	NS[a]
Percent of DRI for Vitamin B12	-0.11	NS[a]
Percent of DRI for Vitamin C	0.07	NS[a]
Percent of DRI for Iodine	-0.04	NS[a]
Percent of DRI for Iron	0.03	NS[a]
Percent of DRI for Magnesium	-0.08	NS[a]
Percent of DRI for Phosphorus	-0.07	NS[a]
Percent of DRI for Zinc	-0.05	NS[a]
Percent of Recommendation for Saturated Fat	0.11	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.04	NS[a]
Percent of Recommendation for Sodium	0.17	NS[a]
Percent of Recommendation for Potassium	0.02	NS[a]

n = 116 (except Iodine n = 114)
NS[a]: not statistically significant

Table 64
Correlations between mother overweight and dietary reference intakes (DRI) for nutrients among male subjects (model 4)

Nutrients	**Mother overweight**	
	r	**p-value**
Percent of DRI for Protein	-0.19	0.02
Percent of DRI for Calcium	-0.12	NS[a]
Percent of DRI for Carbohydrate	-0.07	NS[a]
Percent of DRI for Fiber	-0.19	0.02
Percent of DRI for Fat	-0.18	0.03
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.13	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.13	NS[a]
Percent of DRI for Cholesterol	-0.07	NS[a]
Percent of DRI for Folate	-0.05	NS[a]
Percent of DRI for Niacin	-0.02	NS[a]
Percent of DRI for Riboflavin	-0.05	NS[a]
Percent of DRI for Thiamin	-0.07	NS[a]
Percent of DRI for Vitamin A	0.00	NS[a]
Percent of DRI for Vitamin B6	-0.05	NS[a]
Percent of DRI for Vitamin B12	-0.06	NS[a]
Percent of DRI for Vitamin C	-0.06	NS[a]
Percent of DRI for Iodine	-0.07	NS[a]
Percent of DRI for Iron	-0.11	NS[a]
Percent of DRI for Magnesium	-0.06	NS[a]
Percent of DRI for Phosphorus	-0.08	NS[a]
Percent of DRI for Zinc	-0.01	NS[a]
Percent of Recommendation for Saturated Fat	-0.12	NS[a]
Percent of Recommendation for Monounsaturated Fat	-0.01	NS[a]
Percent of Recommendation for Sodium	-0.13	NS[a]
Percent of Recommendation for Potassium	-0.11	NS[a]

n = 146 (except Iodine n = 140)
NS[a]: not statistically significant

Table 65
Correlations between mother overweight and dietary reference intakes (DRI) for nutrients among female subjects (model 4)

Nutrients	Mother overweight r	p-value
Percent of DRI for Protein	-0.06	NS[a]
Percent of DRI for Calcium	0.01	NS[a]
Percent of DRI for Carbohydrate	-0.01	NS[a]
Percent of DRI for Fiber	0.06	NS[a]
Percent of DRI for Fat	0.12	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.04	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.04	NS[a]
Percent of DRI for Cholesterol	0.05	NS[a]
Percent of DRI for Folate	-0.07	NS[a]
Percent of DRI for Niacin	-0.07	NS[a]
Percent of DRI for Riboflavin	-0.08	NS[a]
Percent of DRI for Thiamin	0.00	NS[a]
Percent of DRI for Vitamin A	-0.04	NS[a]
Percent of DRI for Vitamin B6	-0.10	NS[a]
Percent of DRI for Vitamin B12	-0.06	NS[a]
Percent of DRI for Vitamin C	-0.08	NS[a]
Percent of DRI for Iodine	-0.08	NS[a]
Percent of DRI for Iron	-0.03	NS[a]
Percent of DRI for Magnesium	-0.05	NS[a]
Percent of DRI for Phosphorus	-0.05	NS[a]
Percent of DRI for Zinc	-0.07	NS[a]
Percent of Recommendation for Saturated Fat	0.10	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.01	NS[a]
Percent of Recommendation for Sodium	0.15	NS[a]
Percent of Recommendation for Potassium	-0.07	NS[a]

n = 150 (except Iodine n = 148)
NS[a]: not statistically significant

Table 66
Correlations between father overweight and dietary reference intakes (DRI) for nutrients among male subjects (model 4)

	Father overweight	
Nutrients	**r**	**p-value**
Percent of DRI for Protein	0.05	NS[a]
Percent of DRI for Calcium	0.07	NS[a]
Percent of DRI for Carbohydrate	0.06	NS[a]
Percent of DRI for Fiber	-0.03	NS[a]
Percent of DRI for Fat	0.08	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.06	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.06	NS[a]
Percent of DRI for Cholesterol	0.03	NS[a]
Percent of DRI for Folate	0.01	NS[a]
Percent of DRI for Niacin	0.13	NS[a]
Percent of DRI for Riboflavin	0.07	NS[a]
Percent of DRI for Thiamin	0.12	NS[a]
Percent of DRI for Vitamin A	0.01	NS[a]
Percent of DRI for Vitamin B6	0.10	NS[a]
Percent of DRI for Vitamin B12	0.01	NS[a]
Percent of DRI for Vitamin C	0.00	NS[a]
Percent of DRI for Iodine	0.03	NS[a]
Percent of DRI for Iron	0.06	NS[a]
Percent of DRI for Magnesium	0.06	NS[a]
Percent of DRI for Phosphorus	0.10	NS[a]
Percent of DRI for Zinc	0.01	NS[a]
Percent of Recommendation for Saturated Fat	0.04	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.09	NS[a]
Percent of Recommendation for Sodium	0.04	NS[a]
Percent of Recommendation for Potassium	0.09	NS[a]

n = 118 (except Iodine n = 115)
NS[a]: not statistically significant

Table 67
Correlations between father overweight and dietary reference intakes (DRI) for nutrients among female subjects (model 4)

	Father overweight	
Nutrients	**r**	**p-value**
Percent of DRI for Protein	-0.10	NS[a]
Percent of DRI for Calcium	0.07	NS[a]
Percent of DRI for Carbohydrate	0.03	NS[a]
Percent of DRI for Fiber	-0.02	NS[a]
Percent of DRI for Fat	0.08	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.12	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.10	NS[a]
Percent of DRI for Cholesterol	0.12	NS[a]
Percent of DRI for Folate	-0.20	0.03
Percent of DRI for Niacin	-0.09	NS[a]
Percent of DRI for Riboflavin	-0.08	NS[a]
Percent of DRI for Thiamin	-0.01	NS[a]
Percent of DRI for Vitamin A	-0.08	NS[a]
Percent of DRI for Vitamin B6	-0.13	NS[a]
Percent of DRI for Vitamin B12	-0.09	NS[a]
Percent of DRI for Vitamin C	0.05	NS[a]
Percent of DRI for Iodine	0.08	NS[a]
Percent of DRI for Iron	-0.09	NS[a]
Percent of DRI for Magnesium	-0.05	NS[a]
Percent of DRI for Phosphorus	0.04	NS[a]
Percent of DRI for Zinc	-0.12	NS[a]
Percent of Recommendation for Saturated Fat	0.09	NS[a]
Percent of Recommendation for Monounsaturated Fat	-0.00	NS[a]
Percent of Recommendation for Sodium	0.04	NS[a]
Percent of Recommendation for Potassium	0.10	NS[a]

n = 116 (except Iodine n = 114)
NS[a]: not statistically significant

Table 68
Correlations between mother underweight and dietary reference intakes (DRI) for nutrients among male subjects (model 4)

Nutrients	Mother underweight r	Mother underweight p-value
Percent of DRI for Protein	0.12	NS[a]
Percent of DRI for Calcium	0.05	NS[a]
Percent of DRI for Carbohydrate	0.04	NS[a]
Percent of DRI for Fiber	0.06	NS[a]
Percent of DRI for Fat	0.18	0.03
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.16	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.22	0.01
Percent of DRI for Cholesterol	0.07	NS[a]
Percent of DRI for Folate	-0.07	NS[a]
Percent of DRI for Niacin	-0.13	NS[a]
Percent of DRI for Riboflavin	-0.04	NS[a]
Percent of DRI for Thiamin	-0.07	NS[a]
Percent of DRI for Vitamin A	0.07	NS[a]
Percent of DRI for Vitamin B6	-0.06	NS[a]
Percent of DRI for Vitamin B12	0.04	NS[a]
Percent of DRI for Vitamin C	0.01	NS[a]
Percent of DRI for Iodine	-0.05	NS[a]
Percent of DRI for Iron	-0.02	NS[a]
Percent of DRI for Magnesium	0.02	NS[a]
Percent of DRI for Phosphorus	-0.04	NS[a]
Percent of DRI for Zinc	-0.08	NS[a]
Percent of Recommendation for Saturated Fat	0.13	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.04	NS[a]
Percent of Recommendation for Sodium	0.09	NS[a]
Percent of Recommendation for Potassium	0.02	NS[a]

n = 146 (except Iodine n = 140)
NS[a]: not statistically significant

Table 69
Correlations between mother underweight and dietary reference intakes (DRI) for nutrients among female subjects (model 4)

Nutrients	Mother underweight r	p-value
Percent of DRI for Protein	-0.00	NS[a]
Percent of DRI for Calcium	0.06	NS[a]
Percent of DRI for Carbohydrate	0.06	NS[a]
Percent of DRI for Fiber	0.07	NS[a]
Percent of DRI for Fat	-0.09	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.03	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.00	NS[a]
Percent of DRI for Cholesterol	-0.07	NS[a]
Percent of DRI for Folate	0.10	NS[a]
Percent of DRI for Niacin	0.13	NS[a]
Percent of DRI for Riboflavin	0.10	NS[a]
Percent of DRI for Thiamin	0.07	NS[a]
Percent of DRI for Vitamin A	0.07	NS[a]
Percent of DRI for Vitamin B6	0.15	NS[a]
Percent of DRI for Vitamin B12	0.03	NS[a]
Percent of DRI for Vitamin C	0.14	NS[a]
Percent of DRI for Iodine	0.07	NS[a]
Percent of DRI for Iron	-0.00	NS[a]
Percent of DRI for Magnesium	0.10	NS[a]
Percent of DRI for Phosphorus	0.11	NS[a]
Percent of DRI for Zinc	0.02	NS[a]
Percent of Recommendation for Saturated Fat	-0.09	NS[a]
Percent of Recommendation for Monounsaturated Fat	-0.03	NS[a]
Percent of Recommendation for Sodium	-0.11	NS[a]
Percent of Recommendation for Potassium	0.17	0.04

n = 150 (except Iodine n = 148)
NS[a]: not statistically significant

Table 70
Correlations between father underweight and dietary reference intakes (DRI) for nutrients among male subjects (model 4)

Nutrients	Father underweight	
	r	p-value
Percent of DRI for Protein	-0.04	NS[a]
Percent of DRI for Calcium	-0.02	NS[a]
Percent of DRI for Carbohydrate	-0.04	NS[a]
Percent of DRI for Fiber	-0.15	NS[a]
Percent of DRI for Fat	0.01	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.03	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.02	NS[a]
Percent of DRI for Cholesterol	0.10	NS[a]
Percent of DRI for Folate	-0.04	NS[a]
Percent of DRI for Niacin	-0.15	NS[a]
Percent of DRI for Riboflavin	-0.09	NS[a]
Percent of DRI for Thiamin	-0.10	NS[a]
Percent of DRI for Vitamin A	-0.06	NS[a]
Percent of DRI for Vitamin B6	-0.13	NS[a]
Percent of DRI for Vitamin B12	-0.04	NS[a]
Percent of DRI for Vitamin C	-0.04	NS[a]
Percent of DRI for Iodine	0.09	NS[a]
Percent of DRI for Iron	-0.14	NS[a]
Percent of DRI for Magnesium	-0.08	NS[a]
Percent of DRI for Phosphorus	0.10	NS[a]
Percent of DRI for Zinc	-0.08	NS[a]
Percent of Recommendation for Saturated Fat	-0.01	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.04	NS[a]
Percent of Recommendation for Sodium	-0.06	NS[a]
Percent of Recommendation for Potassium	0.06	NS[a]

n = 118 (except Iodine n = 115)
NS[a]: not statistically significant

Table 71
Correlations between father underweight and dietary reference intakes (DRI) for nutrients among female subjects (model 4)

Nutrients	Father underweight r	Father underweight p-value
Percent of DRI for Protein	0.15	NS[a]
Percent of DRI for Calcium	0.11	NS[a]
Percent of DRI for Carbohydrate	0.01	NS[a]
Percent of DRI for Fiber	0.08	NS[a]
Percent of DRI for Fat	0.06	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.14	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	0.07	NS[a]
Percent of DRI for Cholesterol	0.11	NS[a]
Percent of DRI for Folate	0.09	NS[a]
Percent of DRI for Niacin	-0.03	NS[a]
Percent of DRI for Riboflavin	0.07	NS[a]
Percent of DRI for Thiamin	0.02	NS[a]
Percent of DRI for Vitamin A	0.21	0.03
Percent of DRI for Vitamin B6	0.05	NS[a]
Percent of DRI for Vitamin B12	0.21	0.02
Percent of DRI for Vitamin C	0.00	NS[a]
Percent of DRI for Iodine	-0.03	NS[a]
Percent of DRI for Iron	0.10	NS[a]
Percent of DRI for Magnesium	0.09	NS[a]
Percent of DRI for Phosphorus	0.11	NS[a]
Percent of DRI for Zinc	0.14	NS[a]
Percent of Recommendation for Saturated Fat	0.13	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.06	NS[a]
Percent of Recommendation for Sodium	0.05	NS[a]
Percent of Recommendation for Potassium	0.01	NS[a]

n = 116 (except Iodine n = 114)
NS[a]: not statistically significant

Table 72
Correlations between mother perceiving others think she is overweight and dietary reference intakes (DRI) for nutrients among male subjects (model 4)

Nutrients	Mother overweight perception	
	r	**p-value**
Percent of DRI for Protein	-0.11	NS[a]
Percent of DRI for Calcium	-0.07	NS[a]
Percent of DRI for Carbohydrate	0.03	NS[a]
Percent of DRI for Fiber	-0.05	NS[a]
Percent of DRI for Fat	-0.08	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	0.02	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.04	NS[a]
Percent of DRI for Cholesterol	-0.02	NS[a]
Percent of DRI for Folate	-0.08	NS[a]
Percent of DRI for Niacin	0.02	NS[a]
Percent of DRI for Riboflavin	-0.02	NS[a]
Percent of DRI for Thiamin	-0.02	NS[a]
Percent of DRI for Vitamin A	-0.00	NS[a]
Percent of DRI for Vitamin B6	-0.03	NS[a]
Percent of DRI for Vitamin B12	-0.04	NS[a]
Percent of DRI for Vitamin C	-0.10	NS[a]
Percent of DRI for Iodine	-0.07	NS[a]
Percent of DRI for Iron	-0.07	NS[a]
Percent of DRI for Magnesium	-0.04	NS[a]
Percent of DRI for Phosphorus	-0.04	NS[a]
Percent of DRI for Zinc	-0.02	NS[a]
Percent of Recommendation for Saturated Fat	-0.13	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.01	NS[a]
Percent of Recommendation for Sodium	0.02	NS[a]
Percent of Recommendation for Potassium	-0.06	NS[a]

n = 145 (except Iodine n = 139)
NS[a]: not statistically significant

Table 73
Correlations between mother perceiving others think she is overweight and dietary reference intakes (DRI) for nutrients among female subjects (model 4)

Nutrients	Mother overweight perception r	Mother overweight perception p-value
Percent of DRI for Protein	-0.13	NS[a]
Percent of DRI for Calcium	0.01	NS[a]
Percent of DRI for Carbohydrate	-0.01	NS[a]
Percent of DRI for Fiber	-0.00	NS[a]
Percent of DRI for Fat	0.04	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.06	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.03	NS[a]
Percent of DRI for Cholesterol	0.00	NS[a]
Percent of DRI for Folate	-0.05	NS[a]
Percent of DRI for Niacin	-0.05	NS[a]
Percent of DRI for Riboflavin	-0.05	NS[a]
Percent of DRI for Thiamin	0.08	NS[a]
Percent of DRI for Vitamin A	-0.08	NS[a]
Percent of DRI for Vitamin B6	-0.08	NS[a]
Percent of DRI for Vitamin B12	-0.04	NS[a]
Percent of DRI for Vitamin C	-0.08	NS[a]
Percent of DRI for Iodine	-0.01	NS[a]
Percent of DRI for Iron	-0.03	NS[a]
Percent of DRI for Magnesium	-0.06	NS[a]
Percent of DRI for Phosphorus	-0.08	NS[a]
Percent of DRI for Zinc	-0.06	NS[a]
Percent of Recommendation for Saturated Fat	-0.01	NS[a]
Percent of Recommendation for Monounsaturated Fat	-0.02	NS[a]
Percent of Recommendation for Sodium	0.03	NS[a]
Percent of Recommendation for Potassium	-0.07	NS[a]

n = 149 (except Iodine n = 147)
NS[a]: not statistically significant

Table 74
Correlations between father perceiving others think he is overweight and dietary reference intakes (DRI) for nutrients among male subjects (model 4)

Nutrients	Father overweight perception	
	r	**p-value**
Percent of DRI for Protein	-0.06	NS[a]
Percent of DRI for Calcium	0.05	NS[a]
Percent of DRI for Carbohydrate	0.08	NS[a]
Percent of DRI for Fiber	-0.04	NS[a]
Percent of DRI for Fat	-0.00	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.01	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.11	NS[a]
Percent of DRI for Cholesterol	-0.02	NS[a]
Percent of DRI for Folate	-0.04	NS[a]
Percent of DRI for Niacin	0.18	NS[a]
Percent of DRI for Riboflavin	0.10	NS[a]
Percent of DRI for Thiamin	0.11	NS[a]
Percent of DRI for Vitamin A	0.14	NS[a]
Percent of DRI for Vitamin B6	0.16	NS[a]
Percent of DRI for Vitamin B12	0.11	NS[a]
Percent of DRI for Vitamin C	-0.06	NS[a]
Percent of DRI for Iodine	0.05	NS[a]
Percent of DRI for Iron	0.11	NS[a]
Percent of DRI for Magnesium	-0.05	NS[a]
Percent of DRI for Phosphorus	0.01	NS[a]
Percent of DRI for Zinc	0.04	NS[a]
Percent of Recommendation for Saturated Fat	-0.07	NS[a]
Percent of Recommendation for Monounsaturated Fat	-0.03	NS[a]
Percent of Recommendation for Sodium	-0.03	NS[a]
Percent of Recommendation for Potassium	0.01	NS[a]

n = 114 (except Iodine n = 111)
NS[a]: not statistically significant

Table 75
Correlations between father perceiving others think he is overweight and dietary reference intakes (DRI) for nutrients among female subjects (model 4)

Nutrients	Father overweight perception r	p-value
Percent of DRI for Protein	-0.12	NS[a]
Percent of DRI for Calcium	-0.01	NS[a]
Percent of DRI for Carbohydrate	0.02	NS[a]
Percent of DRI for Fiber	0.02	NS[a]
Percent of DRI for Fat	0.05	NS[a]
Percent of DRI for Omega-6 Polyunsaturated Fatty Acid	-0.15	NS[a]
Percent of DRI for Omega-3 Polyunsaturated Fatty Acid	-0.09	NS[a]
Percent of DRI for Cholesterol	0.07	NS[a]
Percent of DRI for Folate	-0.14	NS[a]
Percent of DRI for Niacin	-0.08	NS[a]
Percent of DRI for Riboflavin	-0.09	NS[a]
Percent of DRI for Thiamin	0.04	NS[a]
Percent of DRI for Vitamin A	-0.07	NS[a]
Percent of DRI for Vitamin B6	-0.17	NS[a]
Percent of DRI for Vitamin B12	-0.13	NS[a]
Percent of DRI for Vitamin C	0.12	NS[a]
Percent of DRI for Iodine	-0.03	NS[a]
Percent of DRI for Iron	-0.12	NS[a]
Percent of DRI for Magnesium	-0.11	NS[a]
Percent of DRI for Phosphorus	-0.05	NS[a]
Percent of DRI for Zinc	-0.11	NS[a]
Percent of Recommendation for Saturated Fat	0.02	NS[a]
Percent of Recommendation for Monounsaturated Fat	0.01	NS[a]
Percent of Recommendation for Sodium	0.03	NS[a]
Percent of Recommendation for Potassium	0.06	NS[a]

n = 116 (except Iodine n = 114)
NS[a]: not statistically significant

Table 76
Correlations between mother Body Mass Index (BMI) and parents' child feeding practices (model 5)

Feeding Practice	Mother BMI r	Mother BMI p-value
Father pressuring child to eat	-0.09	NS[a]
Father concern about child's weight	0.09	NS[a]
Father monitoring/restricting child's intake	0.01	NS[a]
Mother pressuring child to eat	0.08	NS[a]
Mother concern about child's weight	0.14	0.01
Mother monitoring/restricting child's intake	0.06	NS[a]

n = 243 fathers
n = 308 mothers
NS[a]: not statistically significant

Table 77
Correlations between father Body Mass Index (BMI) and parents' child feeding practices (model 5)

Feeding Practice	Father BMI r	Father BMI p-value
Father pressuring child to eat	-0.09	NS[a]
Father concern about child's weight	0.15	0.02
Father monitoring/restricting child's intake	0.08	NS[a]
Mother pressuring child to eat	-0.04	NS[a]
Mother concern about child's weight	0.22	0.00
Mother monitoring/restricting child's intake	0.13	0.04

n = 245 fathers
n = 244 mothers
NS[a]: not statistically significant

Table 78
Correlations between mother overweight and parents' child feeding practices (model 5)

Feeding Practice	Mother overweight	
	r	**p-value**
Father pressuring child to eat	-0.13	0.05
Father concern about child's weight	0.09	NS[a]
Father monitoring/restricting child's intake	-0.01	NS[a]
Mother pressuring child to eat	0.01	NS[a]
Mother concern about child's weight	0.03	NS[a]
Mother monitoring/restricting child's intake	-0.01	NS[a]

n = 244 fathers
n = 309 mothers
NS[a]: not statistically significant

Table 79
Correlations between father overweight and parents' child feeding practices (model 5)

Feeding Practice	Father overweight	
	r	**p-value**
Father pressuring child to eat	0.01	NS[a]
Father concern about child's weight	0.09	NS[a]
Father monitoring/restricting child's intake	0.10	NS[a]
Mother pressuring child to eat	0.01	NS[a]
Mother concern about child's weight	0.11	NS[a]
Mother monitoring/restricting child's intake	0.07	NS[a]

n = 245 fathers
n = 244 mothers
NS[a]: not statistically significant

Table 80
Correlations between mother underweight and parents' child feeding practices (model 5)

Feeding Practice	Mother underweight	
	r	p-value
Father pressuring child to eat	0.05	NS[a]
Father concern about child's weight	-0.05	NS[a]
Father monitoring/restricting child's intake	-0.01	NS[a]
Mother pressuring child to eat	0.03	NS[a]
Mother concern about child's weight	0.01	NS[a]
Mother monitoring/restricting child's intake	0.05	NS[a]

n = 244 fathers
n = 309 mothers
NS[a]: not statistically significant

Table 81
Correlations between father underweight and parents' child feeding practices (model 5)

Feeding Practice	Father underweight	
	r	p-value
Father pressuring child to eat	-0.01	NS[a]
Father concern about child's weight	-0.07	NS[a]
Father monitoring/restricting child's intake	-0.14	0.03
Mother pressuring child to eat	0.02	NS[a]
Mother concern about child's weight	-0.07	NS[a]
Mother monitoring/restricting child's intake	0.01	NS[a]

n = 245 fathers
n = 244 mothers
NS[a]: not statistically significant

Table 82
Correlations between mother perceiving others think she is overweight and parents' child feeding practices (model 5)

Feeding practice	Mother overweight perception	
	r	p-value
Father pressuring child to eat	-0.11	NS[a]
Father concern about child's weight	0.05	NS[a]
Father monitoring/restricting child's intake	0.04	NS[a]
Mother pressuring child to eat	-0.03	NS[a]
Mother concern about child's weight	0.09	NS[a]
Mother monitoring/restricting child's intake	0.06	NS[a]

n = 243 fathers
n = 307 mothers
NS[a]: not statistically significant

Table 83
Correlations between father perceiving others think he is overweight and parents' child feeding practices (model 5)

Feeding practice	Father overweight perception	
	r	p-value
Father pressuring child to eat	-0.04	NS[a]
Father concern about child's weight	0.01	NS[a]
Father monitoring/restricting child's intake	-0.05	NS[a]
Mother pressuring child to eat	0.01	NS[a]
Mother concern about child's weight	0.10	NS[a]
Mother monitoring/restricting child's intake	0.03	NS[a]

n = 241 fathers
n = 240 mothers
NS[a]: not statistically significant

Table 84
Correlations between mother Body Mass Index (BMI) and parents' eating habits (model 6A & B)

Eating habits	Mother BMI r	p-value
Mother current dieting	0.14	0.02
Father current dieting	-0.06	NS[a]
Mother past dieting	0.30	<.0001
Father past dieting	0.09	NS[a]
Mother low fat eating habits	-0.02	NS[a]
Father low fat eating habits	0.05	NS[a]

n = 243 fathers
n = 308 mothers
NS[a]: not statistically significant

Table 85
Correlations between father Body Mass Index (BMI) and parents' eating habits (model 6A & B)

Eating habits	Father BMI r	p-value
Mother current dieting	-0.06	NS[a]
Father current dieting	0.13	0.04
Mother past dieting	0.05	NS[a]
Father past dieting	0.39	<.0001
Mother low fat eating habits	0.00	NS[a]
Father low fat eating habits	0.06	NS[a]

n = 244 fathers
n = 245 mothers
NS[a]: not statistically significant

Table 86
Correlations between mother overweight and parents' eating habits (model 6A & B)

Eating habits	Mother overweight r	p-value
Mother current dieting	0.15	0.01
Father current dieting	-0.13	0.04
Mother past dieting	0.34	<.0001
Father past dieting	-0.02	NS[a]
Mother low fat eating habits	-0.04	NS[a]
Father low fat eating habits	0.02	NS[a]

n = 244 fathers
n = 309 mothers
NS[a]: not statistically significant

Table 87
Correlations between father overweight and parents' eating habits (model 6A & B)

Eating habits	Father overweight r	p-value
Mother current dieting	0.01	NS[a]
Father current dieting	0.15	0.02
Mother past dieting	0.04	NS[a]
Father past dieting	0.37	<.0001
Mother low fat eating habits	-0.04	NS[a]
Father low fat eating habits	0.12	NS[a]

n = 244 fathers
n = 245 mothers
NS[a]: not statistically significant

Table 88
Correlations between mother underweight and parents' eating habits (model 6A & B)

	Mother underweight	
Eating habits	**r**	**p-value**
Mother current dieting	-0.07	NS[a]
Father current dieting	0.06	NS[a]
Mother past dieting	-0.18	0.00
Father past dieting	-0.07	NS[a]
Mother low fat eating habits	-0.01	NS[a]
Father low fat eating habits	0.08	NS[a]

n = 244 fathers
n = 309 mothers
NS[a]: not statistically significant

Table 89
Correlations between father underweight and parents' eating habits (model 6A & B)

	Father underweight	
Eating habits	**r**	**p-value**
Mother current dieting	0.05	NS[a]
Father current dieting	-0.28	<.0001
Mother past dieting	-0.02	NS[a]
Father past dieting	-0.32	<.0001
Mother low fat eating habits	0.07	NS[a]
Father low fat eating habits	-0.09	NS[a]

n = 244 fathers
n = 245 mothers
NS[a]: not statistically significant

Table 90
Correlations between mother perceiving others think she is overweight and parents' eating habits (model 6A & B)

Eating habits	Mother overweight perception	
	r	p-value
Mother current dieting	0.15	0.01
Father current dieting	-0.06	NS[a]
Mother past dieting	0.25	<.0001
Father past dieting	-0.03	NS[a]
Mother low fat eating habits	-0.07	NS[a]
Father low fat eating habits	0.08	NS[a]

n = 243 fathers
n = 307 mothers
NS[a]: not statistically significant

Table 91
Correlations between father perceiving others think he is overweight and parents' eating habits (model 6A & B)

Eating habits	Father overweight perception	
	r	p-value
Mother current dieting	-0.03	NS[a]
Father current dieting	0.13	NS[a]
Mother past dieting	0.05	NS[a]
Father past dieting	0.33	<.0001
Mother low fat eating habits	-0.08	NS[a]
Father low fat eating habits	0.06	NS[a]

n = 240 fathers
n = 241 mothers
NS[a]: not statistically significant

Table 92
Correlations between maternal child feeding practices and parents' eating habits (model 7)

	Pressure to eat		Concern about weight		Monitoring/ restricting intake	
Eating habits	**r**	**p-value**	**r**	**p-value**	**r**	**p-value**
Mother current dieting	-0.01	NS[a]	0.07	NS[a]	0.04	NS[a]
Father current dieting	0.06	NS[a]	0.03	NS[a]	0.05	NS[a]
Mother past dieting	-0.13	0.02	0.02	NS[a]	-0.05	NS[a]
Father past dieting	0.03	NS[a]	0.08	NS[a]	-0.04	NS[a]
Mother low fat eating habits	0.06	NS[a]	0.10	NS[a]	0.13	0.02
Father low fat eating habits	0.09	NS[a]	0.07	NS[a]	-0.01	NS[a]

n = 244 fathers
n = 309 mothers
NS[a]: not statistically significant

Table 93
Correlations between paternal child feeding practices and parents' eating habits (model 7)

	Pressure to eat		Concern about weight		Monitoring/ restricting intake	
Eating habits	**r**	**p-value**	**r**	**p-value**	**r**	**p-value**
Mother current dieting	0.01	NS[a]	0.00	NS[a]	-0.00	NS[a]
Father current dieting	0.02	NS[a]	0.10	NS[a]	0.08	NS[a]
Mother past dieting	-0.07	NS[a]	0.08	NS[a]	0.08	NS[a]
Father past dieting	-0.03	NS[a]	0.12	NS[a]	0.10	NS[a]
Mother low fat eating habits	0.05	NS[a]	0.02	NS[a]	-0.06	NS[a]
Father low fat eating habits	-0.05	NS[a]	0.04	NS[a]	0.03	NS[a]

n = 245 fathers
n = 244 mothers
NS[a]: not statistically significant

Table 94
Correlations between child's current dieting and parents' eating habits for male subjects (model 8)

Parents' eating habits	Child currently dieting r	p-value
Mother currently dieting	0.08	NS[a]
Father currently dieting	-0.10	NS[a]
Mother past dieting	0.07	NS[a]
Father past dieting	-0.06	NS[a]
Mother's low fat eating habits	0.06	NS[a]
Father's low fat eating habits	0.09	NS[a]

n = 126 fathers
n = 156 mothers
n = 159 children
NS[a]: not statistically significant

Table 95
Correlations between child's current dieting and parents' eating habits for female subjects (model 8)

Parents' eating habits	Child currently dieting r	p-value
Mother currently dieting	0.15	NS[a]
Father currently dieting	0.04	NS[a]
Mother past dieting	0.03	NS[a]
Father past dieting	0.09	NS[a]
Mother's low fat eating habits	-0.16	0.05
Father's low fat eating habits	0.18	0.05

n = 119 fathers
n = 153 mothers
n = 153 children
NS[a]: not statistically significant

Table 96
Correlations between child's past dieting and parents' eating habits for male subjects (model 8)

Parents' eating habits	Child past dieting	
	r	p-value
Mother currently dieting	0.13	NS[a]
Father currently dieting	-0.13	NS[a]
Mother past dieting	0.06	NS[a]
Father past dieting	-0.01	NS[a]
Mother's low fat eating habits	0.01	NS[a]
Father's low fat eating habits	-0.04	NS[a]

n = 126 fathers
n = 156 mothers
n = 159 children
NS[a]: not statistically significant

Table 97
Correlations between child's past dieting and parents' eating habits for female subjects (model 8)

Parents' eating habits	Child past dieting	
	r	p-value
Mother currently dieting	0.17	0.03
Father currently dieting	0.13	NS[a]
Mother past dieting	0.08	NS[a]
Father past dieting	0.19	0.04
Mother's low fat eating habits	-0.07	NS[a]
Father's low fat eating habits	0.24	0.01

n = 119 fathers
n = 153 mothers
n = 153 children
NS[a]: not statistically significant

Table 98
Correlations between child trying to gain weight and parents' eating habits for male subjects (model 8)

Parents' eating habits	Child trying to gain weight	
	r	p-value
Mother currently dieting	0.10	NS[a]
Father currently dieting	0.07	NS[a]
Mother past dieting	-0.06	NS[a]
Father past dieting	-0.13	NS[a]
Mother's low fat eating habits	-0.04	NS[a]
Father's low fat eating habits	0.01	NS[a]

n = 126 fathers
n = 156 mothers
n = 159 children
NS[a]: not statistically significant

Table 99
Correlations between child trying to gain weight and parents' eating habits for female subjects (model 8)

Parents' eating habits	Child trying to gain weight	
	r	p-value
Mother currently dieting	0.01	NS[a]
Father currently dieting	0.01	NS[a]
Mother past dieting	0.01	NS[a]
Father past dieting	-0.20	0.03
Mother's low fat eating habits	0.04	NS[a]
Father's low fat eating habits	0.08	NS[a]

n = 119 fathers
n = 153 mothers
n = 153 children
NS[a]: not statistically significant

Table 100
Regression of child past dieting on Tanner stage of development, mother's age and mother's concern of child overweight for female subjects (Logistic regression) (model 1A)

	Child past dieting		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.53	-0.39	0.00
Mother's age	-0.14	-0.36	0.02
Mother concern about child's weight	-1.27	-0.36	0.01
F value			0.01, 0.00, 0.01
Adjusted R^2 0.27			
n = 128			

Table 101
Regression of child past dieting on mother ethnicity, mother pressuring child to eat and mother monitoring/restricting child's intake for male subjects (Logistic regression) (model 1A)

	Child past dieting		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother Black	-1.78	-0.32	0.03
Mother pressuring child to eat	0.62	0.36	0.02
Mother monitoring/restricting child's intake	-0.03	-0.28	0.03
F value			0.01, 0.01, 0.04
Adjusted R^2 0.20			
n = 127			

Table 102
Regression of child past dieting on Tanner stage of development and mother's age for female subjects (Logistic regression) (model 1A)

		Child past dieting	
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.51	-0.38	0.00
Mother's age	-0.13	-0.33	0.03
F value			0.01, 0.01, 0.03
Adjusted R^2 0.21			
n = 128			

Table 103
Regression of child past dieting on Tanner stage of development and father concern about child overweight for female subjects (Logistic regression) (model 1A)

		Child past dieting	
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.72	-0.53	0.01
Mother's age	-4.88	-0.52	0.00
F value			0.01, 0.00, 0.02
Adjusted R^2 0.33			
n = 97			

Table 104
Regression of child past dieting on Tanner stage of development, father pressuring child to eat and father concern about child overweight for male subjects (Logistic regression) (model 1A)

		Child past dieting		
Predictors		**Beta**	**Standard beta**	**p-value**
Tanner stage of development		-0.73	-0.54	0.00
Father pressuring child to eat		0.63	0.34	0.04
Father concern about child overweight		-0.74	-0.40	0.03
F value				0.00, 0.01, 0.04
Adjusted R^2	0.27			
n = 97				

Table 105
Regression of mother pressuring child to eat on child ethnicity for male subjects (Ordinary least squares regression) (model 1B)

		Mother pressure		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.97	0.29	0.00
F value				0.03
Adjusted R^2	0.07			
n = 126				

Table 106
Regression of mother pressuring child to eat on child ethnicity and child past dieting for male subjects (Ordinary least squares regression) (model 1B)

		Mother pressure		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.96	0.29	0.00
Child past dieting		-0.47	-0.18	0.04
F value				0.01
Adjusted R^2	0.09			
n = 126				

Table 107
Regression of mother pressuring child to eat on child ethnicity for female subjects (Generalized method of moments) (model 1B)

		Mother pressure	
Predictors		**Beta**	**p-value**
Child Black		0.73	0.05
F value			0.00
Adjusted R^2	0.11		
n = 127			

Table 108
Regression of mother concerned about child overweight on child ethnicity and child current dieting for male subjects (Ordinary least squares regression) (model 1B)

	Mother concern		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Hispanic	0.41	0.26	0.00
Child current dieting	0.37	0.24	0.01
F value			0.00
Adjusted R^2 0.16			
n = 126			

Table 109
Regression of mother concerned about child overweight on income, child ethnicity and child current dieting for female subjects (Ordinary least squares) (model 1B)

	Mother concern		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	0.15	0.22	0.03
Child Black	0.73	0.42	0.00
Child current dieting	0.34	0.23	0.01
F value			0.00
Adjusted R^2 0.11			
n = 126			

Table 110
Regression of mother concerned about child overweight on child ethnicity, child past dieting, and child trying to gain weight for male subjects (Generalized method of moments) (model 1B)

	Mother concern	
Predictors	**Beta**	**p-value**
Child Hispanic	0.43	0.00
Child past dieting	0.24	0.04
Child trying to gain weight	-0.18	0.03
F value		0.00
Adjusted R^2 0.15		
n = 127		

Table 111
Regression of mother concerned about child overweight on child ethnicity and child past dieting for female subjects (Ordinary least squares regression) (model 1B)

	Mother concern		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Hispanic	0.69	0.40	0.00
Child past dieting	0.24	0.21	0.02
F value			0.00
Adjusted R^2 0.10			
n = 126			

Table 112
Regression of mother monitoring/restricting child intake on child ethnicity and child current dieting for male subjects (Ordinary least squares regression) (model 1B)

	Mother monitoring/restricting		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Hispanic	9.25	0.20	0.03
Child current dieting	9.49	0.20	0.02
F value			0.02
Adjusted R^2 0.08			
n = 126			

Table 113
Regression of mother monitoring/restricting child intake on child ethnicity and child past dieting for male subjects (Ordinary least squares regression) (model 1B)

	Mother monitoring/restricting		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Hispanic	9.76	0.21	0.02
Child past dieting	6.85	0.19	0.04
F value			0.02
Adjusted R^2 0.07			
n = 126			

Table 114
Regression of father concern about child overweight on child ethnicity for male subjects (Ordinary least squares regression) (model 1B)

	Father concern		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Black	0.28	0.29	0.00
F value			0.01
Adjusted R^2 0.12			
n = 98			

Table 115
Regression of father concern about child overweight on child past dieting for female subjects (Ordinary least squares regression) (model 1B)

	Father concern		
Predictors	**Beta**	**Standard beta**	**p-value**
Child past dieting	0.12	0.28	0.01
F value			0.05
Adjusted R^2 0.07			
n = 95			

Table 116
Regression of child Body Mass Index (BMI) percentile on child current dieting and child trying to gain weight for male subjects (Ordinary least squares regression) (model 2A)

	Child BMI percentile		
Predictors	**Beta**	**Standard beta**	**p-value**
Child current dieting	18.90	0.21	0.01
Child trying to gain weight	-23.93	-0.36	<.0001
F value			<.0001
Adjusted R^2 0.21			
n = 127			

Table 117
Regression of child Body Mass Index (BMI) percentile on child current dieting and child trying to gain weight for female subjects (Ordinary least squares regression) (model 2A)

	Child BMI percentile		
Predictors	**Beta**	**Standard beta**	**p-value**
Child current dieting	28.25	0.33	<.0001
Child trying to gain weight	-40.95	-0.35	<.0001
F value			<.0001
Adjusted R^2 0.28			
n = 126			

Table 118
Regression of child Body Mass Index (BMI) percentile on child past dieting and child trying to gain weight for male subjects (Ordinary least squares regression) (model 2A)

	Child BMI percentile		
Predictors	**Beta**	**Standard beta**	**p-value**
Child past dieting	14.53	0.20	0.02
Child trying to gain weight	-23.35	-0.35	<.0001
F value			<.0001
Adjusted R^2 0.21			
n = 127			

Table 119
Regression of child Body Mass Index (BMI) percentile on child past dieting and child trying to gain weight for female subjects (Ordinary least squares regression) (model 2A)

	Child BMI percentile		
Predictors	**Beta**	**Standard beta**	**p-value**
Child past dieting	27.14	0.41	<.0001
Child trying to gain weight	-39.42	-0.33	<.0001
F value			<.0001
Adjusted R^2 0.33			
n = 126			

Table 120
Regression of child waist-hip-ratio on child current dieting for male subjects (Ordinary least squares regression) (model 2A)

	Child waist-hip-ratio		
Predictors	**Beta**	**Standard beta**	**p-value**
Child current dieting	0.06	0.26	0.00
F value			0.01
Adjusted R^2 0.09			
n = 127			

Table 121
Regression of child waist-hip-ratio (WHR) on child past dieting for male subjects (Ordinary least squares regression) (model 2A)

	Child WHR		
Predictors	**Beta**	**Standard beta**	**p-value**
Child past dieting	0.04	0.22	0.02
F value			0.02
Adjusted R^2 0.07			
n = 127			

Table 122
Regression of child skinfolds (triceps + subscapular) on Tanner stage of development, child current dieting, and child trying to gain weight for female subjects (Ordinary least squares regression) (model 2A)

	Child skinfolds		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	2.32	0.24	0.00
Child current dieting	12.38	0.32	0.00
Child trying to gain weight	-10.02	-0.19	0.02
F value			<.0001
Adjusted R^2 0.22			
n = 126			

Table 123
Regression of child skinfolds (triceps + subscapular) on Tanner stage of development, child past dieting, and child trying to gain weight for female subjects (Ordinary least squares regression) (model 2A)

	Child skinfolds		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	1.62	0.17	0.04
Child past dieting	11.87	0.39	<.0001
Child trying to gain weight	-9.35	-0.17	0.03
F value			<.0001
Adjusted R^2 0.26			
n = 126			

Table 124
Regression of child skinfolds (triceps + subscapular) on child past dieting, and child trying to gain weight for male subjects (Generalized method of moments) (model 2A)

	Child skinfolds	
Predictors	**Beta**	**p-value**
Child past dieting	9.54	0.00
Child trying to gain weight	-7.68	0.00
F value		<.0001
Adjusted R^2 0.25		
n = 128		

Table 125
Regression of child's perception of underweight on family income and child trying to gain weight for male subjects (Logistic regression) (model 2A)

	Child underweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-0.80	-0.31	0.03
Child trying to gain weight	-1.20	-0.29	0.01
F value			0.00, 0.01, 0.02
Adjusted R^2 0.20			
n = 128			

Table 126
Regression of child's perception of overweight on child current dieting and child trying to gain weight for male subjects (Ordinary least squares regression) (model 2A)

	Child perception of overweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Child current dieting	0.56	0.35	<.0001
Child trying to gain weight	-0.23	-0.20	0.02
F value			<.0001
Adjusted R^2 0.17			
n = 127			

Table 127
Regression of child's perception of overweight on child current dieting for female subjects (Ordinary least squares regression) (model 2A)

	Child perception of overweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Child current dieting	0.55	0.42	<.0001
F value			<.0001
Adjusted R^2 0.17			
n = 124			

Table 128
Regression of child's perception of overweight on child past dieting for male subjects (Ordinary least squares regression) (model 2A)

	Child perception of overweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Child past dieting	0.55	0.43	<.0001
F value			<.0001
Adjusted R^2 0.23			
n = 127			

Table 129
Regression of child's perception of overweight on child past dieting for female subjects (Ordinary least squares regression) (model 2A)

		Child perception of overweight		
Predictors		**Beta**	**Standard beta**	**p-value**
Child past dieting		0.35	0.34	0.00
F value				0.00
Adjusted R^2	0.10			
n = 124				

Table 130
Regression of child perception that mother thinks he is overweight on child current dieting for male subjects (Ordinary least squares regression) (model 2A)

		Child perception of overweight (mother)		
Predictors		**Beta**	**Standard beta**	**p-value**
Child current dieting		0.52	0.40	<.0001
F value				0.00
Adjusted R^2	0.16			
n = 127				

Table 131
Regression of child perception that mother thinks she is overweight on Tanner stage of development, child ethnicity, and child current dieting for female subjects (Ordinary least squares regression) (model 2A)

		Child perception of overweight (mother)		
Predictors		**Beta**	**Standard beta**	**p-value**
Tanner stage of development		0.05	0.18	0.03
Child Black		0.28	0.20	0.04
Child current dieting		0.46	0.38	<.0001
F value				<.0001
Adjusted R^2	0.22			
n = 126				

Table 132
Regression of child perception that mother thinks he is overweight on child past dieting for male subjects (Ordinary least squares regression) (model 2A)

		Child perception of overweight (mother)		
Predictors		**Beta**	**Standard beta**	**p-value**
Child past dieting		0.34	0.33	0.00
F value				0.00
Adjusted R^2	0.11			
n = 127				

Table 133
Regression of child perception that mother thinks she is overweight on child past dieting for female subjects
(Ordinary least squares regression) (model 2A)

		Child perception of overweight (mother)		
Predictors		**Beta**	**Standard beta**	**p-value**
Child past dieting		0.37	0.39	<.0001
F value				<.0001
Adjusted R^2	0.22			
n = 126				

Table 134
Regression of child perception that father thinks he is overweight on child current dieting for male subjects
(Ordinary least squares regression) (model 2A)

		Child perception of overweight (father)		
Predictors		**Beta**	**Standard beta**	**p-value**
Child current dieting		0.62	0.45	<.0001
F value				<.0001
Adjusted R^2	0.19			
n = 117				

Table 135
Regression of child perception that father thinks she is overweight on child current dieting for female subjects
(Ordinary least squares regression) (model 2A)

		Child perception of overweight (father)		
Predictors		**Beta**	**Standard beta**	**p-value**
Child current dieting		0.48	0.38	<.0001
F value				0.00
Adjusted R^2	0.16			
n = 112				

Table 136
Regression of child perception that father thinks he is overweight on child past dieting for male subjects (Ordinary least squares regression) (model 2A)

		Child perception of overweight (father)		
Predictors		**Beta**	**Standard beta**	**p-value**
Child past dieting		0.35	0.32	0.00
F value				0.01
Adjusted R^2	0.10			
n = 117				

Table 137
Regression of child perception that father thinks she is overweight on child ethnicity and child past dieting for female subjects (Generalized method of moments) (model 2A)

		Child perception of overweight (father)	
Predictors		**Beta**	**p-value**
Child Hispanic		0.24	0.02
Child past dieting		0.36	<.0001
F value			0.00
Adjusted R^2	0.14		
n = 113			

Table 138
Regression of child's percent dietary reference intake (DRI) for protein on Tanner stage of development and child trying to gain weight for male subjects (Ordinary least squares regression) (model 2A)

	Percent DRI for protein		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.13	-0.23	0.01
Child trying to gain weight	0.47	0.29	0.00
F value			0.00
Adjusted R^2 0.11			
n = 125			

Table 139
Regression of child's percent dietary reference intake (DRI) for protein on Tanner stage of development, child ethnicity, and child current dieting for female subjects (Ordinary least squares regression) (model 2A)

	Percent DRI for protein		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.22	-0.49	<.0001
Child Black	0.38	0.18	0.05
Child current dieting	-0.28	-0.16	0.04
F value			<.0001
Adjusted R^2 0.30			
n = 125			

Table 140
Regression of child's percent dietary reference intake (DRI) for protein on Tanner stage of development and child trying to gain weight for male subjects (Ordinary least squares regression) (model 2A)

	Percent DRI for protein		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.13	-0.23	-0.01
Child trying to gain weight	0.47	0.30	0.00
F value			0.00
Adjusted R^2 0.11			
n = 125			

Table 141
Regression of child's percent dietary reference intake (DRI) for protein on Tanner stage of development, child ethnicity, and child past dieting for female subjects (Ordinary least squares regression) (model 2A)

	Percent DRI for protein		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.21	-0.46	<.0001
Child Black	0.40	0.20	0.03
Child past dieting	-0.24	-0.17	0.03
F value			<.0001
Adjusted R^2 0.03			
n = 125			

Table 142
Regression of child's percent dietary reference intake (DRI) for carbohydrate on child past dieting for female subjects (Generalized method of moments) (model 2A)

		Percent DRI for carbohydrate	
Predictors		**Beta**	**p-value**
Child past dieting		-0.26	0.04
F value			0.02
Adjusted R^2	0.07		
n = 126			

Table 143
Regression of child's percent dietary reference intake (DRI) for total fat on child ethnicity for female subjects (Ordinary least squares regression) (model 2A)

		Percent DRI for total fat		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.95	0.33	0.00
F value				0.02
Adjusted R^2	0.08			
n = 125				

Table 144
Regression of child's percent dietary reference intake (DRI) for omega-6 polyunsaturated fatty acid (PUFA) on child ethnicity for female subjects (Ordinary least squares regression) (model 2A)

		Percent DRI for omega-6 PUFA		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.27	0.28	0.01
F value				0.01
Adjusted R^2	0.08			
n = 125				

Table 145
Regression of child's percent dietary reference intake (DRI) for cholesterol on Tanner stage of development for male subjects (Ordinary least squares regression) (model 2A)

		Percent DRI for cholesterol		
Predictors		**Beta**	**Standard beta**	**p-value**
Tanner stage of development		0.14	0.26	0.01
F value				0.05
Adjusted R^2	0.06			
n = 125				

Table 146
Regression of child's percent dietary reference intake (DRI) for niacin on child ethnicity for female subjects (Generalized method of moments) (model 2A)

		Percent DRI for niacin	
Predictors		**Beta**	**p-value**
Child Black		0.73	0.04
F value			0.01
Adjusted R^2	0.09		
n = 126			

Table 147
Regression of child's percent dietary reference intake (DRI) for riboflavin on child ethnicity for female subjects (Ordinary least squares regression) (model 2A)

		Percent DRI for riboflavin		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.91	0.33	0.00
F value				0.03
Adjusted R^2	0.06			
n = 125				

Table 148
Regression of child's percent dietary reference intake (DRI) for riboflavin on child ethnicity and child past dieting for female subjects (Ordinary least squares regression) (model 2A)

		Percent DRI for riboflavin		
Predictors		**Standard Beta**	**beta**	**p-value**
Child Black		0.89	0.32	0.00
Child past dieting		-0.35	-0.18	0.04
F value				0.01
Adjusted R^2	0.09			
n = 125				

Table 149
Regression of child's percent dietary reference intake (DRI) for thiamin on child ethnicity and child past dieting for female subjects (Ordinary least squares regression) (model 2A)

		Percent DRI for thiamin		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.58	0.25	0.02
Child past dieting		-0.29	-0.18	0.04
F value				0.04
Adjusted R^2	0.06			
n = 125				

Table 150
Regression of child's percent dietary reference intake (DRI) for vitamin B6 on child ethnicity for female subjects (Ordinary least squares regression) (model 2A)

		Percent DRI for vitamin B6		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.91	0.38	0.00
F value				0.00
Adjusted R^2	0.13			
n = 125				

Table 151
Regression of child's percent dietary reference intake (DRI) for vitamin B12 on child ethnicity for female subjects (Generalized method of moments) (model 2A)

		Percent DRI for vitamin B12	
Predictors		**Beta**	**p-value**
Child Black		1.13	0.01
F value			0.00
Adjusted R^2	0.10		
n = 125			

Table 152
Regression of child's percent dietary reference intake (DRI) for vitamin B12 on child ethnicity and child past dieting for female subjects (Ordinary least squares regression) (model 2A)

		Percent DRI for vitamin B12		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		1.16	0.29	0.01
Child past dieting		-0.48	-0.18	0.05
F value				0.00
Adjusted R^2	0.11			
n = 125				

Table 153
Regression of child's percent dietary reference intake (DRI) for iron on Tanner stage of development for female subjects (Generalized method of moments) (model 2A)

		Percent DRI for iron	
Predictors		**Beta**	**p-value**
Tanner stage of development		-0.16	<.0001
F value			0.00
Adjusted R^2	0.15		
n = 126			

Table 154
Regression of child's percent dietary reference intake (DRI) for magnesium on Tanner stage of development and child ethnicity for female subjects (Generalized method of moments) (model 2A)

		Percent DRI for magnesium	
Predictors		**Beta**	**p-value**
Tanner stage of development		-0.04	0.02
Child Black		0.39	0.03
F value			0.00
Adjusted R^2	0.16		
n = 126			

Table 155
Regression of child's percent dietary reference intake (DRI) for phosphorus on child ethnicity for female subjects (Ordinary least squares regression) (model 2A)

		Percent DRI for phosphorus		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.35	0.34	0.00
F value				0.00
Adjusted R^2	0.10			
n = 125				

Table 156
Regression of child's percent dietary reference intake (DRI) for zinc on child ethnicity for female subjects
(Ordinary least squares regression) (model 2A)

		Percent DRI for zinc		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.64	0.36	0.00
F value				<.0001
Adjusted R^2	0.18			
n = 125				

Table 157
Regression of child's percent of recommended intake for monounsaturated fat on child ethnicity for female subjects
(Ordinary least squares regression) (model 2A)

		Percent of recommendation for monounsaturated fat		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.42	0.32	0.00
F value				0.01
Adjusted R^2	0.08			
n = 125				

Table 158
Regression of child current dieting on child perception that mother thinks he is overweight for male subjects (Logistic regression) (model 2B)

	Child currently dieting		
Predictors	**Beta**	**Standard beta**	**p-value**
Child perception of overweight (mother)	-1.27	-0.69	0.01
F value			<.0001, <.0001, 0.01
Adjusted R^2 0.49			
n = 126			

Table 159
Regression of child current dieting on child BMI percentile and child perception that mother thinks she is overweight for female subjects (Logistic regression) (model 2B)

	Child currently dieting		
Predictors	**Beta**	**Standard beta**	**p-value**
Child BMI percentile	-0.05	-0.82	0.01
Child perception of overweight (mother)	-0.81	-0.45	0.02
F value			<.0001, <.0001, 0.02
Adjusted R^2 0.46			
n = 126			

Table 160
Regression of child current dieting on child BMI percentile and child perception that father thinks she is overweight for female subjects (Logistic regression) (model 2B)

	Child currently dieting		
Predictors	**Beta**	**Standard beta**	**p-value**
Child BMI percentile	-0.05	-0.83	0.02
Child perception of overweight (father)	-1.06	-0.57	0.01
F value			<.0001, <.0001, 0.02
Adjusted R^2 0.52			
n = 110			

Table 161
Regression of child current dieting on child perception of own overweight and child perception that father thinks she is overweight for female subjects (Logistic regression) (model 2B)

	Child currently dieting		
Predictors	**Beta**	**Standard beta**	**p-value**
Child perception of overweight (self)	-0.66	-0.33	0.03
Child perception of overweight (father)	-1.2	-0.64	0.00
F value			0.00, <.0001, 0.02
Adjusted R^2 0.44			
n = 110			

Table 162
Regression of child past dieting on child perception that mother thinks he is overweight for male subjects (Logistic regression) (model 2B)

		Child past dieting	
Predictors	**Beta**	**Standard beta**	**p-value**
Child perception of overweight (mother)	-0.88	-0.48	0.00
F value			<.0001, <.0001, 0.00
Adjusted R^2 0.36			
n = 126			

Table 163
Regression of child past dieting on child BMI percentile and child perception that mother thinks she is overweight for female subjects (Logistic regression) (model 2B)

		Child past dieting	
Predictors	**Beta**	**Standard beta**	**p-value**
Child BMI percentile	-0.04	-0.64	0.00
Child perception of overweight (mother)	-1.04	-0.58	0.00
F value			<.0001, <.0001, 0.05
Adjusted R^2 0.52			
n = 126			

Table 164
Regression of child past dieting on child BMI percentile, child perception that father thinks she is overweight, and total calories consumed for female subjects (Logistic regression) (model 2B)

	Child past dieting		
Predictors	**Beta**	**Standard beta**	**p-value**
Child BMI percentile	-0.05	-0.83	0.00
Child perception of overweight (father)	-1.03	-0.55	0.00
Total calories consumed	-0.00	-0.45	0.02
F value			<.0001, <.0001, 0.01
Adjusted R^2 0.55			
n = 110			

Table 165
Regression of child past dieting on child perception that father thinks he is overweight for male subjects (Logistic regression) (model 2B)

	Child past dieting		
Predictors	**Beta**	**Standard beta**	**p-value**
Child perception of overweight (father)	-0.61	-0.34	0.05
F value			0.00, 0.00, 0.03
Adjusted R^2 0.32			
n = 117			

Table 166
Regression of child past dieting on child skinfolds (triceps + subscapular), child perception that father thinks she is overweight, and total calories consumed for female subjects (Logistic regression) (model 2B)

	Child past dieting		
Predictors	**Beta**	**Standard beta**	**p-value**
Child skinfolds	-0.09	-0.58	0.01
Child perception of overweight (father)	-1.22	-0.65	0.00
Total calories consumed	0.00	0.50	0.01
F value			<.0001, <.0001, 0.01
Adjusted R^2 0.54			
n = 112			

Table 167
Regression of child past dieting on child perception of own overweight for male subjects (Logistic regression) (model 2B)

	Child past dieting		
Predictors	**Beta**	**Standard beta**	**p-value**
Child perception of overweight (self)	-0.60	-0.37	0.02
F value			0.00, 0.00, 0.01
Adjusted R^2 0.36			
n = 117			

Table 168
Regression of child past dieting on child perception that father thinks she is overweight, and total calories consumed for female subjects (Logistic regression) (model 2B)

	Child past dieting		
Predictors	**Beta**	**Standard beta**	**p-value**
Child perception of overweight (father)	-1.08	-0.58	0.00
Total calories consumed	0.00	0.47	0.01
F value			<.0001, <.0001, 0.01
Adjusted R^2 0.48			
n = 110			

Table 169
Regression of child trying to gain weight on child BMI percentile for male subjects (Logistic regression) (model 2B)

	Child trying to gain weight		
Predictors	**Beta**	**Standard beta**	**p-value**
Child BMI percentile	0.03	0.52	0.00
F value			0.00, 0.00, 0.02
Adjusted R^2 0.27			
n = 126			

Table 170
Regression of child perception of underweight on family income and child BMI percentile for male subjects (Logistic regression) (model 2C)

	Child underweight perception		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-0.87	-0.34	0.04
Child BMI percentile	0.04	0.68	<.0001
F value			<.0001, <.0001, 0.00
Adjusted R^2 0.38			
n = 126			

Table 171
Regression of child perception of underweight on child BMI percentile for female subjects (Logistic regression) (model 2C)

	Child underweight perception		
Predictors	**Beta**	**Standard beta**	**p-value**
Child BMI percentile	0.07	1.10	<.0001
F value			<.0001, <.0001, <.0001
Adjusted R^2 0.57			
n = 126			

Table 172
Regression of child perception of underweight on family income, child ethnicity, and child skinfolds (triceps + subscapular) for male subjects (Logistic regression) (model 2C)

		Child underweight perception		
Predictors		**Beta**	**Standard beta**	**p-value**
Family income		-0.90	-0.35	0.03
Child Black		-1.83	-0.32	0.05
Child skinfolds		0.11	0.83	<.0001
F value				<.0001, 0.00, 0.00
Adjusted R^2	0.34			
n = 126				

Table 173
Regression of child perception of underweight on child skinfolds (triceps + subscapular) for female subjects (Logistic regression) (model 2C)

		Child underweight perception		
Predictors		**Beta**	**Standard beta**	**p-value**
Child skinfolds		0.15	1.11	<.0001
F value				<.0001, <.0001, 0.00
Adjusted R^2	0.40			
n = 126				

Table 174
Regression of child perception of own overweight on child BMI percentile and waist-hip-ratio for male subjects (Generalized method of moments) (model 2C)

	Child perception of overweight (self)	
Predictors	**Beta**	**p-value**
Child BMI percentile	0.01	<.0001
Child waist-hip-ratio	2.19	0.01
F value		<.0001
Adjusted R^2 0.33		
n = 126		

Table 175
Regression of child perception of own overweight on child ethnicity, child BMI percentile and waist-hip-ratio for female subjects (Generalized method of moments) (model 2C)

	Child perception of overweight (self)	
Predictors	**Beta**	**p-value**
Child Hispanic	-0.17	0.03
Child BMI percentile	0.01	<.0001
Child waist-hip-ratio	0.34	0.00
F value		<.0001
Adjusted R^2 0.22		
n = 124		

Table 176
Regression of child perception of own overweight on child waist-hip-ratio and skinfolds (triceps + subscapular) for male subjects (Ordinary least squares) (model 2C)

	Child perception of overweight (self)		
Predictors	**Beta**	**Standard beta**	**p-value**
Child waist-hip-ratio	1.45	0.21	0.01
Child skinfolds	0.02	0.52	<.0001
F value			<.0001
Adjusted R^2 0.34			
n = 125			

Table 177
Regression of child perception of own overweight on skinfolds (triceps + subscapular) for female subjects (Ordinary least squares) (model 2C)

	Child perception of overweight (self)		
Predictors	**Beta**	**Standard beta**	**p-value**
Child skinfolds	0.02	0.49	<.0001
F value			<.0001
Adjusted R^2 0.23			
n = 123			

Table 178
Regression of child perception that mother thinks he is overweight on body mass index (BMI) percentile for male subjects (Ordinary least squares) (model 2C)

	Child perception of overweight (mother)		
Predictors	**Beta**	**Standard beta**	**p-value**
Child BMI percentile	0.00	0.30	0.00
F value			0.00
Adjusted R^2 0.12			
n = 125			

Table 179
Regression of child perception that mother thinks she is overweight on body mass index (BMI) percentile and total calories consumed for female subjects (Ordinary least squares) (model 2C)

	Child perception of overweight (mother)		
Predictors	**Beta**	**Standard beta**	**p-value**
Child BMI percentile	0.01	0.46	<.0001
Total calories consumed	0.00	0.17	0.04
F value			<.0001
Adjusted R^2 0.26			
n = 125			

Table 180
Regression of child perception that mother thinks he is overweight on skinfolds (triceps + subscapular) for male subjects (Ordinary least squares) (model 2C)

		Child perception of overweight (mother)		
Predictors		**Beta**	**Standard beta**	**p-value**
Child skinfolds		0.02	0.52	<.0001
F value				<.0001
Adjusted R^2	0.25			
n = 125				

Table 181
Regression of child perception that mother thinks she is overweight on skinfolds (triceps + subscapular) for female subjects (Ordinary least squares) (model 2C)

		Child perception of overweight (mother)		
Predictors		**Beta**	**Standard beta**	**p-value**
Child skinfolds		0.02	0.50	<.0001
F value				<.0001
Adjusted R^2	0.27			
n = 125				

Table 182
Regression of child perception that father thinks he is overweight on body mass index (BMI) percentile for male subjects (Ordinary least squares) (model 2C)

	Child perception of overweight (father)		
Predictors	**Beta**	**Standard beta**	**p-value**
Child BMI percentile	0.00	0.26	0.01
F value			0.01
Adjusted R^2 0.11			
n = 116			

Table 183
Regression of child perception that father thinks she is overweight on body mass index (BMI) percentile for female subjects (Ordinary least squares) (model 2C)

	Child perception of overweight (father)		
Predictors	**Beta**	**Standard beta**	**p-value**
Child BMI percentile	0.00	0.26	0.01
F value			0.00
Adjusted R^2 0.13			
n = 111			

Table 184
Regression of child perception that father thinks he is overweight on child ethnicity and child skinfolds (triceps + subscapular) for male subjects (Ordinary least squares) (model 2C)

	Child perception of overweight (father)		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Black	-0.42	-0.24	0.02
Child skinfolds	0.01	0.43	<.0001
F value			<.0001
Adjusted R^2 0.19			
n = 116			

Table 185
Regression of child perception that father thinks she is overweight on child skinfolds (triceps + subscapular) and total calories consumed for female subjects (Ordinary least squares) (model 2C)

	Child perception of overweight (father)		
Predictors	**Beta**	**Standard beta**	**p-value**
Child skinfolds	0.01	0.34	0.00
Total calories consumed	0.00	0.19	0.05
F value			0.00
Adjusted R^2 0.16			
n = 111			

Table 186
Regression of mother pressuring child to eat on child ethnicity and child body mass index (BMI) percentile for male subjects (Ordinary least squares) (model 3A)

	Mother pressuring child to eat		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Black	1.14	0.35	0.00
Child BMI percentile	-0.01	-0.22	0.02
F value			0.00
Adjusted R^2 0.14			
n = 124			

Table 187
Regression of mother pressuring child to eat on child ethnicity and child body mass index (BMI) percentile for female subjects (Ordinary least squares) (model 3A)

	Mother pressuring child to eat		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Black	0.81	0.25	0.01
Child BMI percentile	-0.01	-0.34	-0.00
F value 0.00			
Adjusted R^2 0.18			
n = 125			

Table 188
Regression of mother pressuring child to eat on child ethnicity and child skinfolds (triceps + subscapular) for male subjects (Ordinary least squares) (model 3A)

		Mother pressuring child to eat		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		1.23	0.37	0.00
Child skinfolds		-0.02	-0.30	-0.00
F value				0.00
Adjusted R^2	0.15			
n = 124				

Table 189
Regression of mother pressuring child to eat on child ethnicity for female subjects (Ordinary least squares) (model 3A)

		Mother pressuring child to eat		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.75	0.23	0.03
F value				0.00
Adjusted R^2	0.13			
n = 125				

Table 190
Regression of mother pressuring child to eat on child ethnicity for male subjects (Ordinary least squares) (model 3A)

	Mother pressuring child to eat		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Black	0.99	0.30	0.00
F value			0.01
Adjusted R^2 0.10			
n = 124			

Table 191
Regression of mother concern about child overweight on child ethnicity, child body mass index (BMI) percentile, and child perceiving mother thinks he is overweight for male subjects (Ordinary least squares) (model 3A)

	Mother concern about child overweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Hispanic	0.32	0.21	0.01
Child BMI percentile	0.01	0.28	0.00
Child perception of Overweight (mother)	0.15	0.30	0.00
F value			<.0001
Adjusted R^2 0.33			
n = 124			

Table 192
Regression of mother concern about child overweight on child ethnicity, child body mass index (BMI) percentile, and child perceiving mother thinks she is overweight for female subjects (Ordinary least squares) (model 3A)

	Mother concern about child overweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Hispanic	0.52	0.30	0.00
Child BMI percentile	0.00	0.23	0.02
Child perception of Overweight (mother)	0.12	0.21	0.02
F value			<.0001
Adjusted R^2 0.20			
n = 125			

Table 193
Regression of mother concern about child overweight on child ethnicity and child skinfolds (triceps + subscapular) for male subjects (Ordinary least squares) (model 3A)

	Mother concern about child overweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Hispanic	0.29	0.18	0.02
Child skinfolds	0.02	0.53	<.0001
F value			<.0001
Adjusted R^2 0.36			
n = 124			

Table 194
Regression of mother concern about child overweight on family income, child ethnicity and child skinfolds (triceps + subscapular) for female subjects (Ordinary least squares) (model 3A)

		Mother concern about child overweight		
Predictors		**Beta**	**Standard beta**	**p-value**
Family income		0.15	0.23	0.02
Child Black		0.62	0.36	0.00
Child skinfolds		0.01	0.33	0.00
F value				0.00
Adjusted R^2	0.16			
n = 125				

Table 195
Regression of mother concern about child overweight on child ethnicity and child perception of overweight (self) for male subjects (Ordinary least squares) (model 3A)

		Mother concern about child overweight		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.28	0.18	0.04
Child Hispanic		0.41	0.26	0.00
Child perception overweight (self)		0.17	0.38	<.0001
F value				<.0001
Adjusted R^2	0.28			
n = 124				

Table 196
Regression of mother concern about child overweight on child ethnicity and child perception of overweight (self) for female subjects (Ordinary least squares) (model 3A)

		Mother concern about child overweight		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.55	0.32	0.00
Child perception overweight (self)		0.17	0.30	0.00
F value				0.00
Adjusted R^2	0.17			
n = 123				

Table 197
Regression of mother monitoring/restricting child intake on child skinfolds (triceps + subscapular) for male subjects (Ordinary least squares) (model 3A)

		Mother monitoring/restricting child intake		
Predictors		**Beta**	**Standard beta**	**p-value**
Child skinfolds		0.30	0.26	0.01
F value				0.01
Adjusted R^2	0.20			
n = 124				

Table 198
Regression of mother monitoring/restricting child intake on child ethnicity and child perception of overweight (self) for male subjects (Ordinary least squares) (model 3A)

	Mother monitoring/restricting child intake		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Hispanic	9.70	0.21	0.02
Child perception of overweight (self)	4.60	0.33	0.00
F value			0.00
Adjusted R^2 0.14			
n = 124			

Table 199
Regression of father pressuring child to eat on Tanner stage of development, child ethnicity, waist-hip-ratio, and child perceiving father thinks he is overweight for male subjects (Ordinary least squares) (model 3A)

	Father pressuring child to eat		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.15	-0.20	0.05
Child Black	1.36	0.24	0.01
Child Hispanic	-0.72	-0.24	0.02
Child waist-hip-ratio	-3.03	-0.24	0.01
Child perception of overweight (father)	0.25	0.22	0.04
F value			0.00
Adjusted R^2 0.22			
n = 97			

Table 200
Regression of father pressuring child to eat on child body mass index (BMI) percentile for female subjects (Ordinary least squares) (model 3A)

	Father pressuring child to eat		
Predictors	**Beta**	**Standard beta**	**p-value**
Child BMI	-0.01	-0.33	0.01
F value			0.04
Adjusted R^2 0.10			
n = 91			

Table 201
Regression of father pressuring child to eat on Tanner stage of development, child ethnicity, and waist-hip-ratio for male subjects (Ordinary least squares) (model 3A)

	Father pressuring child to eat		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.15	-0.20	0.05
Child Black	1.35	0.24	0.02
Child Hispanic	-0.63	-0.21	0.04
Child waist-hip-ratio	-3.32	-0.27	0.01
F value			0.00
Adjusted R^2 0.16			
n = 97			

Table 202
Regression of father pressuring child to eat on Tanner stage of development, child ethnicity, and waist-hip-ratio, and child perception of overweight (self) for male subjects (Ordinary least squares) (model 3A)

	Father pressuring child to eat		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.16	-0.21	0.03
Child Black	1.19	0.21	0.03
Child Hispanic	-0.77	-0.26	0.01
Child waist-hip-ratio	-3.07	-0.25	0.02
Child perceived overweight (self)	-0.28	-0.29	0.01
F value			0.00
Adjusted R^2 0.19			
n = 97			

Table 203
Regression of father concern about child overweight on child ethnicity, child body mass index (BMI) percentile, and waist-hip-ratio for male subjects (Ordinary least squares regression) (model 3A)

	Father concern about child overweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Child Black	0.28	0.30	0.00
Child BMI percentile	0.00	0.28	0.01
Child waist-hip-ratio	-0.43	-0.21	0.04
F value			0.00
Adjusted R^2 0.28			
n = 97			

Table 204
Regression of father concern about child overweight on child ethnicity, waist-hip-ratio, and skinfolds (triceps + subscapular) for male subjects (Ordinary least squares regression) (model 3A)

		Father concern about child overweight		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.25	0.26	0.01
Child waist-hip-ratio		-0.53	-0.25	0.01
Child skinfolds		0.00	0.25	0.05
F value				0.00
Adjusted R^2	0.20			
n = 97				

Table 205
Regression of father concern about child overweight on child ethnicity, waist-hip-ratio for male subjects (Ordinary least squares regression) (model 3A)

		Father concern about child overweight		
Predictors		**Beta**	**Standard beta**	**p-value**
Child Black		0.31	0.32	0.00
Child waist-hip-ratio		-0.45	-0.22	0.03
F value				0.00
Adjusted R^2	0.17			
n = 97				

Table 206
Regression of child body mass index (BMI) percentile on mother pressuring child to eat and mother concern about child overweight for male subjects (Ordinary least squares regression) (model 3B)

		Child BMI		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother pressure		-6.03	-0.22	0.01
Mother concern		23.73	0.40	<.0001
F value				<.0001
Adjusted R^2	0.25			
n = 126				

Table 207
Regression of child body mass index (BMI) percentile on Tanner stage of development, mother pressuring child to eat, and mother concern about child overweight for female subjects (Ordinary least squares regression) (model 3A)

		Child BMI		
Predictors		**Beta**	**Standard beta**	**p-value**
Tanner stage of development		0.39	0.18	0.02
Mother pressure		-10.08	-0.33	0.00
Mother concern		20.64	0.37	<.0001
F value				<.0001
Adjusted R^2	0.23			
n = 127				

Table 208
Regression of child body mass index (BMI) percentile on mother pressuring child to eat for male subjects (Ordinary least squares regression) (model 3A)

	Child BMI		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother pressure	-8.20	-0.29	0.00
F value			0.00
Adjusted R^2 0.14			
n = 126			

Table 209
Regression of child body mass index (BMI) percentile on Tanner stage of development and mother pressuring child to eat for female subjects (Ordinary least squares regression) (model 3A)

	Child BMI		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	3.89	0.18	0.04
Mother pressure	-9.69	-0.32	0.00
F value			0.01
Adjusted R^2 0.10			
n = 127			

Table 210
Regression of child waist-hip-ratio on mother concern about child overweight for male subjects (Ordinary least squares regression) (model 3A)

		Child waist-hip-ratio		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother concern		0.04	0.26	0.01
F value				0.01
Adjusted R^2	0.08			
n = 126				

Table 211
Regression of child skinfolds (triceps + subscapular) on family income, Tanner stage of development, mother pressuring child to eat, and mother concern about child overweight for female subjects (Ordinary least squares regression) (model 3A)

		Child skinfolds		
Predictors		**Beta**	**Standard beta**	**p-value**
Family income		-4.09	-0.24	0.02
Tanner stage of development		2.67	0.28	0.00
Mother pressure		-3.29	-0.24	0.01
Mother concern		9.55	0.37	<.0001
F value				<.0001
Adjusted R^2	0.23			
n = 127				

Table 212
Regression of child skinfolds (triceps + subscapular) on mother age, mother pressuring child to eat, and mother concern about child overweight for male subjects (Generalized method of moments) (model 3A)

	Child skinfolds	
Predictors	**Beta**	**p-value**
Mother age	-0.31	0.03
Mother pressure	-2.64	0.00
Mother concern	13.60	<.0001
F value		<.0001
Adjusted R^2 0.41		
n = 127		

Table 213
Regression of child skinfolds (triceps + subscapular) on mother ethnicity, mother age, mother pressuring child to eat, and mother concern about child overweight for male subjects (Ordinary least squares regression) (model 3A)

	Child skinfolds		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother Black	7.98	0.20	0.04
Mother age	-0.48	-0.24	0.01
Mother pressure	-3.89	-0.32	0.00
Mother concern	0.17	0.20	0.02
F value			<.0001
Adjusted R^2 0.23			
n = 126			

Table 214
Regression of child skinfolds (triceps + subscapular) on Tanner stage of development and mother pressuring child to eat for female subjects (Ordinary least squares regression) (model 3A)

	Child skinfolds		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	2.68	0.28	0.00
Mother pressure	-3.10	-0.22	0.01
F value			0.00
Adjusted R^2 0.11			
n = 127			

Table 215
Regression of child perception of overweight (self) on mother ethnicity and mother concern about child overweight for male subjects (Ordinary least squares regression) (model 3A)

	Child perception of overweight (self)		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother Hispanic	-0.34	-0.21	0.02
Mother concern	0.55	0.53	<.0001
F value			<.0001
Adjusted R^2 0.24			
n = 126			

Table 216
Regression of child perception of overweight (self) on mother concern about child overweight for female subjects (Ordinary least squares regression) (model 3A)

		Child perception of overweight (self)		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother concern		0.33	0.37	<.0001
F value				0.00
Adjusted R^2	0.12			
n = 125				

Table 217
Regression of child perception of overweight (self) on mother pressuring child to eat and mother monitoring/restricting child intake for male subjects (Ordinary least squares regression) (model 3A)

		Child perception of overweight (self)		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother pressure		-0.10	-0.20	0.02
Mother monitoring/restricting		0.01	0.38	<.0001
F value				0.00
Adjusted R^2	0.15			
n = 126				

Table 218
Regression of child perception of overweight (mother) on mother concern about child overweight for male subjects (Ordinary least squares regression) (model 3A)

		Child perception of overweight (mother)		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother concern		0.31	0.37	0.00
F value				0.00
Adjusted R^2	0.16			
n = 126				

Table 219
Regression of child perception of overweight (mother) on Tanner stage of development and mother concern about child overweight for female subjects (Ordinary least squares regression) (model 3A)

		Child perception of overweight (mother)		
Predictors		**Beta**	**Standard beta**	**p-value**
Tanner stage of development		0.07	0.23	0.01
Mother concern		0.25	0.30	0.00
F value				0.00
Adjusted R^2	0.11			
n = 127				

Table 220
Regression of child percent dietary reference intake (DRI) for protein on Tanner stage of development and mother concern about child overweight for male subjects (Ordinary least squares regression) (model 3A)

	Percent DRI for protein		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.21	-0.46	<.0001
Mother Black	0.41	0.20	0.04
F value			<.0001
Adjusted R^2 0.29			
n = 126			

Table 221
Regression of child percent dietary reference intake (DRI) for protein on Tanner stage of development and mother ethnicity for female subjects (Ordinary least squares regression) (model 3A)

	Percent DRI for protein		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.10	-0.18	0.04
Mother concern	-0.46	-0.32	0.00
F value			0.00
Adjusted R^2 0.13			
n = 124			

Table 222
Regression of child percent dietary reference intake (DRI) for protein on Tanner stage of development and mother pressuring child to eat for male subjects (Ordinary least squares regression) (model 3A)

		Percent DRI for protein	
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.11	-0.20	0.03
Mother pressure	0.15	0.23	0.01
F value			0.03
Adjusted R^2 0.07			
n = 124			

Table 223
Regression of child percent dietary reference intake (DRI) for protein on Tanner stage of development for female subjects (Ordinary least squares regression) (model 3A)

		Percent DRI for protein	
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	0.04	-0.45	<.0001
F value			<.0001
Adjusted R^2 0.28			
n = 126			

Table 224
Regression of child percent dietary reference intake (DRI) for carbohydrate on Tanner stage of development and mother ethnicity for male subjects (Ordinary least squares regression) (model 3A)

		Percent DRI for carbohydrate		
Predictors		**Beta**	**Standard beta**	**p-value**
Tanner stage of development		0.15	0.23	0.01
Mother Black		-0.64	-0.26	0.02
F value				0.01
Adjusted R^2	0.09			
n = 124				

Table 225
Regression of child percent dietary reference intake (DRI) for carbohydrate on family income for female subjects (Generalized method of moments) (model 3A)

		Percent DRI for carbohydrate	
Predictors		**Beta**	**p-value**
Family income		0.17	0.04
F value			0.03
Adjusted R^2	0.06		
n = 127			

Table 226
Regression of child percent dietary reference intake (DRI) for total fat on mother ethnicity for female subjects (Ordinary least squares regression) (model 3A)

		Percent DRI for total fat		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother Black		0.85	0.29	0.01
F value				0.03
Adjusted R^2	0.07			
n = 126				

Table 227
Regression of child percent dietary reference intake (DRI) for cholesterol on family income for female subjects (Ordinary least squares regression) (model 3A)

		Percent DRI for cholesterol		
Predictors		**Beta**	**Standard beta**	**p-value**
Family income		-0.16	-0.22	0.04
F value				0.00
Adjusted R^2	0.12			
n = 126				

Table 228
Regression of child percent dietary reference intake (DRI) for niacin on mother ethnicity for female subjects (Generalized method of moments) (model 3A)

	Percent DRI for niacin	
Predictors	**Beta**	**p-value**
Mother Hispanic	-0.26	0.02
F value		0.01
Adjusted R^2 0.09		
n = 127		

Table 229
Regression of child percent dietary reference intake (DRI) for niacin on mother ethnicity for female subjects (Generalized method of moments) (model 3A)

	Percent DRI for niacin	
Predictors	**Beta**	**p-value**
Mother Black	0.72	0.05
Mother Hispanic	-0.23	0.02
F value		0.01
Adjusted R^2 0.09		
n = 127		

Table 230
Regression of child percent dietary reference intake (DRI) for vitamin B6 on mother ethnicity for female subjects (Generalized method of moments) (model 3A)

	Percent DRI for vitamin B6	
Predictors	**Beta**	**p-value**
Mother Black	0.91	0.03
F value		0.00
Adjusted R^2 0.13		
n = 127		

Table 231
Regression of child percent dietary reference intake (DRI) for vitamin B6 on mother ethnicity and mother monitoring/restricting child intake for female subjects (Ordinary least squares regression) (model 3A)

	Percent DRI for vitamin B6		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother Black	0.93	0.39	0.00
Mother monitoring/restricting	0.01	0.17	0.05
F value			0.00
Adjusted R^2 0.14			
n = 126			

Table 232
Regression of child percent dietary reference intake (DRI) for vitamin B12 on Tanner stage of development for female subjects (Generalized method of moments) (model 3A)

		Percent DRI for vitamin B12	
Predictors		**Beta**	**p-value**
Tanner stage of development		-0.14	0.03
F value			0.01
Adjusted R^2	0.09		
n = 127			

Table 233
Regression of child percent dietary reference intake (DRI) for vitamin B12 on mother monitoring/restricting child intake for female subjects (Generalized method of moments) (model 3A)

		Percent DRI for vitamin B12	
Predictors		**Beta**	**p-value**
Mother monitoring/restricting		0.02	0.03
F value			0.00
Adjusted R^2	0.13		
n = 127			

Table 234
Regression of child percent dietary reference intake (DRI) for vitamin C on mother age for male subjects (Ordinary least squares regression) (model 3A)

	Percent DRI for vitamin C		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother age	-0.04	-0.21	0.04
F value			0.00
Adjusted R^2 0.11			
n = 124			

Table 235
Regression of child percent dietary reference intake (DRI) for iron on Tanner stage of development and mother concern about child overweight for female subjects (Generalized method of moments) (model 3A)

	Percent DRI for iron	
Predictors	**Beta**	**p-value**
Tanner stage of development	-0.16	<.0001
Mother concern	0.27	0.01
F value		0.00
Adjusted R^2 0.17		
n = 127		

Table 236
Regression of child percent dietary reference intake (DRI) for iron on Tanner stage of development for female subjects (Generalized method of moments) (model 3A)

	Percent DRI for iron	
Predictors	**Beta**	**p-value**
Tanner stage of development	-0.15	<.0001
F value		0.00
Adjusted R^2 0.15		
n = 127		

Table 237
Regression of child percent dietary reference intake (DRI) for magnesium on Tanner stage of development for female subjects (Generalized method of moments) (model 3A)

	Percent DRI for magnesium	
Predictors	**Beta**	**p-value**
Tanner stage of development	-0.04	0.01
F value		0.00
Adjusted R^2 0.16		
n = 127		

Table 238
Regression of child percent dietary reference intake (DRI) for magnesium on Tanner stage of development, mother ethnicity, and mother pressuring child to eat for female subjects (Generalized method of moments) (model 3A)

		Percent DRI for magnesium	
Predictors		**Beta**	**p-value**
Tanner stage of development		-0.03	0.01
Mother Black		0.36	0.05
Mother pressure		0.00	0.04
F value			<.0001
Adjusted R^2	0.18		
n = 127			

Table 239
Regression of child percent dietary reference intake (DRI) for phosphorus on mother ethnicity for female subjects (Generalized method of moments) (model 3A)

		Percent DRI for phosphorus	
Predictors		**Beta**	**p-value**
Mother Black		0.31	0.04
F value			0.00
Adjusted R^2	0.11		
n = 127			

Table 240
Regression of child percent dietary reference intake (DRI) for zinc on mother ethnicity for female subjects (Generalized method of moments) (model 3A)

	Percent DRI for zinc	
Predictors	**Beta**	**p-value**
Mother Black	0.58	0.03
Mother Hispanic	-0.20	0.05
F value		<.0001
Adjusted R^2 0.17		
n = 127		

Table 241
Regression of child percent dietary reference intake (DRI) for zinc on mother ethnicity for female subjects (Generalized method of moments) (model 3A)

	Percent DRI for zinc	
Predictors	**Beta**	**p-value**
Mother Black	0.59	0.03
F value		<.0001
Adjusted R^2 0.19		
n = 127		

Table 242
Regression of child percent of recommended intake of monounsaturated fatty acid (MUFA) on mother pressuring child to eat for female subjects (Ordinary least squares regression) (model 3A)

		Percent recommendation for MUFA		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother pressure		0.09	0.23	0.01
F value				0.00
Adjusted R^2	0.15			
n = 126				

Table 243
Regression of child percent of recommended intake of monounsaturated fatty acid (MUFA) on mother ethnicity and mother pressuring child to eat for female subjects (Ordinary least squares regression) (model 3A)

		Percent recommendation for MUFA		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother Black		0.31	0.24	0.02
Mother pressure		0.10	0.24	0.01
F value				0.00
Adjusted R^2	0.13			
n = 126				

Table 244
Regression of child body mass index (BMI) percentile on father pressuring child to eat and father concern about child overweight for male subjects (Ordinary least squares regression) (model 3A)

		Child BMI percentile	
Predictors	**Beta**	**Standard beta**	**p-value**
Father pressure	-7.92	-0.26	0.01
Father concern	64.05	0.36	0.00
F value			0.00
Adjusted R^2 0.17			
n = 99			

Table 245
Regression of child body mass index (BMI) percentile on Tanner stage of development, father pressuring child to eat and father concern about child overweight for female subjects (Ordinary least squares regression) (model 3A)

		Child BMI percentile	
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	3.92	0.19	0.03
Father pressure	-12.93	-0.45	<.0001
Father concern	48.22	0.33	0.00
F value			<.0001
Adjusted R^2 0.31			
n = 96			

Table 246
Regression of child body mass index (BMI) percentile on Tanner stage of development, father ethnicity, father pressuring child to eat and father monitoring/restricting child intake for female subjects (Ordinary least squares regression) (model 3A)

	Child BMI percentile		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	4.64	0.22	0.01
Father Hispanic	19.68	0.22	0.01
Father pressure	-13.85	-0.48	<.0001
Father monitoring/restricting	8.10	0.29	0.00
F value			<.0001
Adjusted R^2 0.27			
n = 96			

Table 247
Regression of child waist-hip-ratio on Tanner stage of development for male subjects (Generalized method of moments) (model 3A)

	Child waist-hip-ratio	
Predictors	**Beta**	**p-value**
Tanner stage of development	-0.01	0.02
F value		0.00
Adjusted R^2 0.17		
n = 100		

Table 248
Regression of child waist-hip-ratio on father age and father pressuring child to eat for male subjects (Ordinary least squares) (model 3A)

		Child waist-hip-ratio	
Predictors	**Beta**	**Standard beta**	**p-value**
Father age	-0.00	-0.28	0.01
Father pressure	-0.02	-0.28	0.00
F value			0.00
Adjusted R^2 0.15			
n = 99			

Table 249
Regression of child waist-hip-ratio on Tanner stage of development and father pressuring child to eat for female subjects (Ordinary least squares) (model 3A)

		Child waist-hip-ratio	
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.02	-0.47	<.0001
Father pressure	-0.01	-0.21	0.03
F value			<.0001
Adjusted R^2 0.27			
n = 96			

Table 250
Regression of child skinfolds (triceps + subscapular) on father age and father concern about child overweight for male subjects (Ordinary least squares) (model 3A)

	Child skinfolds		
Predictors	**Beta**	**Standard beta**	**p-value**
Father age	-0.56	-0.24	0.02
Father concern	23.08	0.32	0.00
F value			<.0001
Adjusted R^2 0.21			
n = 99			

Table 251
Regression of child skinfolds (triceps + subscapular) on Tanner stage of development and father pressuring child to eat for female subjects (Ordinary least squares) (model 3A)

	Child skinfolds		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	2.27	0.23	0.01
Father pressure	-4.90	-0.39	0.00
F value			0.00
Adjusted R^2 0.21			
n = 96			

Table 252
Regression of child perception of underweight on Tanner stage of development and father pressuring child to eat for female subjects (Logistic regression) (model 3A)

	Child underweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	0.37	0.270	0.04
Father pressure	-0.73	-0.40	0.01
F value			0.01, 0.02, 0.04
Adjusted R^2 0.21			
n = 97			

Table 253
Regression of child perception of overweight (self) on father pressuring child to eat for male subjects (Ordinary least squares regression) (model 3A)

	Child overweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Father pressure	-0.11	-0.23	0.03
F value			0.04
Adjusted R^2 0.07			
n = 99			

Table 254
Regression of child perception of overweight (self) on father pressuring child to eat and father concern about child overweight for female subjects (Ordinary least squares regression) (model 3A)

		Child overweight	
Predictors	**Beta**	**Standard beta**	**p-value**
Father pressure	-0.13	-0.31	0.00
Father concern	0.47	0.22	0.04
F value			0.05
Adjusted R^2 0.07			
n = 94			

Table 255
Regression of child perception of overweight (self) on father pressuring child to eat and father monitoring/restricting intake for female subjects (Ordinary least squares regression) (model 3A)

		Child overweight	
Predictors	**Beta**	**Standard beta**	**p-value**
Father pressure	-0.16	-0.38	0.00
Father monitoring/restricting	0.14	0.33	0.00
F value			0.01
Adjusted R^2 0.11			
n = 94			

Table 256
Regression of child percent dietary reference intake (DRI) for protein on family income and Tanner stage of development for female subjects (Ordinary least squares regression) (model 3A)

	Percent DRI for protein		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-0.20	-0.19	0.04
Tanner stage of development	-0.22	-0.51	<.0001
F value			<.0001
Adjusted R^2 0.24			
n = 95			

Table 257
Regression of child percent dietary reference intake (DRI) for protein on Tanner stage of development for female subjects (Ordinary least squares regression) (model 3A)

	Percent DRI for protein		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.23	-0.51	<.0001
F value			<.0001
Adjusted R^2 0.23			
n = 95			

Table 258
Regression of child percent dietary reference intake (DRI) for cholesterol on father concern about child overweight for male subjects (Ordinary least squares regression) (model 3A)

	Percent DRI for cholesterol		
Predictors	**Beta**	**Standard beta**	**p-value**
Father concern	-0.84	-0.22	0.03
F value			0.02
Adjusted R^2 0.09			
n = 98			

Table 259
Regression of child percent dietary reference intake (DRI) for cholesterol on family income and father monitoring/restricting child intake for male subjects (Ordinary least squares regression) (model 3A)

	Percent DRI for cholesterol		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-0.23	-0.20	0.05
Father monitoring/restricting	-0.18	-0.28	0.01
F value			0.01
Adjusted R^2 0.12			
n = 98			

Table 260
Regression of child percent dietary reference intake (DRI) for iodine on father pressuring child to eat for female subjects (Ordinary least squares regression) (model 3A)

	Percent DRI for iodine		
Predictors	**Beta**	**Standard beta**	**p-value**
Father pressure	0.09	0.30	0.00
F value			0.01
Adjusted R^2 0.13			
n = 93			

Table 261
Regression of child percent dietary reference intake (DRI) for iron on Tanner stage of development for female subjects (Ordinary least squares regression) (model 3A)

	Percent DRI for iron		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.17	-0.37	0.00
F value			0.01
Adjusted R^2 0.11			
n = 95			

Table 262
Regression of child percent dietary reference intake (DRI) for magnesium on family income, Tanner stage of development, and father ethnicity for male subjects (Ordinary least squares regression) (model 3A)

	Percent DRI for magnesium		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-0.12	-0.23	0.02
Tanner stage of development	-0.07	-0.33	0.00
Father Hispanic	-0.25	-0.25	0.02
F value			0.00
Adjusted R^2 0.13			
n = 98			

Table 263
Regression of child percent dietary reference intake (DRI) for magnesium on family income, Tanner stage of development, father ethnicity, and father monitoring/restricting child intake for male subjects (Ordinary least squares regression) (model 3A)

	Percent DRI for magnesium		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-0.10	-0.19	0.05
Tanner stage of development	-0.06	-0.30	0.00
Father Hispanic	-0.22	-0.23	0.03
Father monitoring/restricting	0.06	0.22	0.02
F value			0.00
Adjusted R^2 0.18			
n = 98			

Table 264
Regression of child body mass index (BMI) percentile on Tanner stage of development and mother BMI for female subjects (Ordinary least squares regression) (model 4)

		Child BMI percentile		
Predictors		**Beta**	**Standard beta**	**p-value**
Tanner stage of development		4.47	0.21	0.02
Mother BMI		1.27	0.27	0.01
F value				0.01
Adjusted R^2	0.09			
n = 126				

Table 265
Regression of child body mass index (BMI) percentile on mother BMI for male subjects (Generalized method of moments) (model 4)

		Child BMI percentile	
Predictors		**Beta**	**p-value**
Mother BMI		1.13	0.01
F value			0.00
Adjusted R^2	0.10		
n = 127			

Table 266
Regression of child body mass index (BMI) percentile on mother age for male subjects (Ordinary least squares regression) (model 4)

	Child BMI percentile		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother age	-0.90	-0.20	0.04
F value			0.02
Adjusted R^2 0.08			
n = 126			

Table 267
Regression of child body mass index (BMI) percentile on Tanner stage of development and mother perceiving others think she is overweight for female subjects (Ordinary least squares regression) (model 4)

	Child BMI percentile		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	4.14	0.20	0.03
Mother overweight perception	15.04	0.26	0.00
F value			0.01
Adjusted R^2 0.09			
n = 126			

Table 268
Regression of child skinfolds (triceps + subscapular) on mother age and mother body mass index (BMI) for male subjects (Ordinary least squares regression) (model 4)

		Child skinfolds	
Predictors	**Beta**	**Standard beta**	**p-value**
Mother age	-0.46	-0.23	0.01
Mother BMI	0.53	0.26	0.01
F value			0.00
Adjusted R^2 0.15			
n = 126			

Table 269
Regression of child skinfolds (triceps + subscapular) on Tanner stage of development and mother body mass index (BMI) for female subjects (Ordinary least squares regression) (model 4)

		Child skinfolds	
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	2.92	0.30	0.00
Mother BMI	0.49	0.23	0.02
F value			0.00
Adjusted R^2 0.14			
n = 126			

Table 270
Regression of child skinfolds (triceps + subscapular) on mother age for male subjects (Ordinary least squares regression) (model 4)

	Child skinfolds		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother age	-0.56	-0.28	0.00
F value			0.00
Adjusted R^2 0.11			
n = 126			

Table 271
Regression of child skinfolds (triceps + subscapular) on Tanner stage of development and mother perception of overweight (self) for female subjects (Ordinary least squares regression) (model 4)

	Child skinfolds		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	2.85	0.29	0.00
Mother overweight	5.28	0.20	0.03
F value			0.00
Adjusted R^2 0.11			
n = 127			

Table 272
Regression of child skinfolds (triceps + subscapular) on Tanner stage of development for female subjects (Ordinary least squares regression) (model 4)

		Child skinfolds	
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	2.84	0.30	0.00
F value			0.01
Adjusted R^2 0.08			
n = 126			

Table 273
Regression of child percent dietary reference intake (DRI) for protein on Tanner stage of development and mother body mass index (BMI) for male subjects (Ordinary least squares regression) (model 4)

		Percent DRI for protein	
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.10	-0.19	0.04
Mother BMI	-0.03	-0.22	0.02
F value			0.04
Adjusted R^2 0.06			
n = 124			

Table 274
Regression of child percent dietary reference intake (DRI) for protein on Tanner stage of development and mother ethnicity for female subjects (Generalized method of moments) (model 4)

	Percent DRI for protein	
Predictors	**Beta**	**p-value**
Tanner stage of development	-0.22	<.0001
Mother Hispanic	-0.24	0.03
F value		<.0001
Adjusted R^2 0.29		
n = 126		

Table 275
Regression of child percent dietary reference intake (DRI) for protein on Tanner stage of development and mother perception of overweight (self) for male subjects (Ordinary least squares regression) (model 4)

	Percent DRI for protein		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.10	-0.18	0.05
Mother overweight	-0.32	-0.22	0.02
F value			0.04
Adjusted R^2 0.06			
n = 124			

Table 276
Regression of child percent dietary reference intake (DRI) for protein on Tanner stage of development and mother ethnicity for female subjects (Ordinary least squares regression) (model 4)

	Percent DRI for protein		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.22	-0.48	<.0001
Mother Black	0.40	0.19	0.04
F value			<.0001
Adjusted R^2 0.27			
n = 126			

Table 277
Regression of child percent dietary reference intake (DRI) for protein on Tanner stage of development, mother ethnicity, and mother perceiving that others think she is overweight for female subjects (Generalized method of moments) (model 4)

	Percent DRI for protein	
Predictors	**Beta**	**p-value**
Tanner stage of development	-0.21	<.0001
Mother Hispanic	-0.24	0.03
Mother overweight perception	-0.18	0.04
F value		<.0001
Adjusted R^2 0.29		
n = 126		

Table 278
Regression of child percent dietary reference intake (DRI) for carbohydrate on Tanner stage of development for male subjects (Ordinary least squares regression) (model 4)

	Percent DRI for carbohydrate		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	0.15	0.24	0.01
F value			0.02
Adjusted R^2 0.07			
n = 124			

Table 279
Regression of child percent dietary reference intake (DRI) for fat on Tanner stage of development and mother age for male subjects (Ordinary least squares regression) (model 4)

	Percent DRI for fat		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	0.21	0.21	0.02
Mother age	-0.05	-0.23	0.02
F value			0.01
Adjusted R^2 0.09			
n = 124			

Table 280
Regression of child percent dietary reference intake (DRI) for fat on Tanner stage of development for male subjects
(Ordinary least squares regression) (model 4)

		Percent DRI for fat	
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	0.21	0.22	0.02
F value			0.01
Adjusted R^2 0.09			
n = 124			

Table 281
Regression of child percent dietary reference intake (DRI) for fat on mother ethnicity for female subjects
(Ordinary least squares regression) (model 4)

		Percent DRI for fat	
Predictors	**Beta**	**Standard beta**	**p-value**
Mother Black	0.90	0.31	0.00
F value			0.03
Adjusted R^2 .07			
n = 126			

Table 282
Regression of child percent dietary reference intake (DRI) for fat on Tanner stage of development, mother age, and mother perception of underweight (self) for male subjects (Ordinary least squares regression) (model 4)

	Percent DRI for fat		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	0.21	0.21	0.02
Mother age	-0.04	-0.20	0.04
Mother underweight	0.67	0.18	0.05
F value			0.02
Adjusted R^2 0.07			
n = 123			

Table 283
Regression of child percent dietary reference intake (DRI) for fat on mother ethnicity for female subjects (Ordinary least squares regression) (model 4)

	Percent DRI for fat		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother Black	0.91	0.31	0.00
F value			0.04
Adjusted R^2 0.06			
n = 125			

Table 284
Regression of child percent dietary reference intake (DRI) for omega-6 polyunsaturated fatty acid (PUFA) on mother ethnicity for female subjects (Generalized method of moments) (model 4)

	Percent DRI for omega-6 PUFA	
Predictors	**Beta**	**p-value**
Mother Black	0.30	0.05
F value		0.01
Adjusted R^2 0.08		
n = 126		

Table 285
Regression of child percent dietary reference intake (DRI) for cholesterol on Tanner stage of development for male subjects (Ordinary least squares regression) (model 4)

	Percent DRI for cholesterol		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	0.15	0.28	0.00
F value			0.02
Adjusted R^2 0.08			
n = 124			

Table 286
Regression of child percent dietary reference intake (DRI) for folate on mother perception of underweight (self) for female subjects (Generalized method of moments) (model 4)

	Percent DRI for folate	
Predictors	**Beta**	**p-value**
Mother perception of underweight	0.28	0.04
F value		0.04
Adjusted R^2 0.06		
n = 126		

Table 287
Regression of child percent dietary reference intake (DRI) for niacin on mother ethnicity and mother perception of underweight (self) for female subjects (Generalized method of moments) (model 4)

	Percent DRI for niacin	
Predictors	**Beta**	**p-value**
Mother Black	0.76	0.03
Mother Hispanic	-0.28	0.02
Mother perception of underweight	0.50	0.02
F value		0.00
Adjusted R^2 0.13		
n = 126		

Table 288
Regression of child percent dietary reference intake (DRI) for riboflavin on mother ethnicity for female subjects (Ordinary least squares regression) (model 4)

		Percent DRI for riboflavin		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother Black		0.98	0.35	0.00
F value				0.01
Adjusted R^2	0.09			
n = 125				

Table 289
Regression of child percent dietary reference intake (DRI) for thiamin on mother ethnicity for female subjects (Ordinary least squares regression) (model 4)

		Percent DRI for thiamin		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother Black		0.61	0.26	0.01
F value				0.05
Adjusted R^2	0.06			
n = 125				

Table 290
Regression of child percent dietary reference intake (DRI) for vitamin B6 on mother ethnicity and mother perception of underweight (self) for female subjects (Generalized method of moments) (model 4)

	Percent DRI for vitamin B6	
Predictors	**Beta**	**p-value**
Mother Black	1.04	0.01
Mother underweight	0.56	0.03
F value		0.00
Adjusted R^2 0.17		
n = 126		

Table 291
Regression of child percent dietary reference intake (DRI) for vitamin B12 on mother ethnicity for female subjects (Generalized method of moments) (model 4)

	Percent DRI for vitamin B12	
Predictors	**Beta**	**p-value**
Mother Hispanic	-0.42	0.04
F value		0.01
Adjusted R^2 0.09		
n = 126		

Table 292
Regression of child percent dietary reference intake (DRI) for vitamin B12 on Tanner stage of development and mother ethnicity for female subjects (Generalized method of moments) (model 4)

	Percent DRI for vitamin B12	
Predictors	**Beta**	**p-value**
Tanner stage of development	-0.14	0.04
Mother Hispanic	-0.41	0.04
F value		0.01
Adjusted R^2 0.09		
n = 127		

Table 293
Regression of child percent dietary reference intake (DRI) for vitamin C on mother age for male subjects (Ordinary least squares regression) (model 4)

	Percent DRI for vitamin C		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother age	-0.05	-0.27	0.01
F value			0.01
Adjusted R^2 0.09			
n = 124			

Table 294
Regression of child percent dietary reference intake (DRI) for vitamin C on mother age and mother perceiving others think she is overweight for male subjects (Ordinary least squares regression) (model 4)

		Percent DRI for vitamin C		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother age		-0.05	-0.26	0.01
Mother overweight perception		-0.43	-0.19	0.03
F value				0.00
Adjusted R^2	0.12			
n = 123				

Table 295
Regression of child percent dietary reference intake (DRI) for iron on Tanner stage of development for female subjects (Generalized method of moments) (model 4)

		Percent DRI for iron	
Predictors		**Beta**	**p-value**
Tanner stage of development		-0.16	<.0001
F value			0.00
Adjusted R^2	0.12		
n = 127			

Table 296
Regression of child percent dietary reference intake (DRI) for magnesium on Tanner stage of development, mother ethnicity, and mother perception of underweight (self) for female subjects (Generalized method of moments) (model 4)

		Percent DRI for magnesium	
Predictors		**Beta**	**p-value**
Tanner stage of development		-0.04	0.01
Mother Black		0.40	0.03
Mother perception of underweight		0.19	0.02
F value			0.00
Adjusted R^2	0.18		
n = 126			

Table 297
Regression of child percent dietary reference intake (DRI) for phosphorus on mother ethnicity and mother perception of underweight (self) for female subjects (Ordinary least squares) (model 4)

		Percent DRI for phosphorus		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother Black		0.34	0.33	0.00
Mother perception of underweight		0.19	0.19	0.03
F value				0.00
Adjusted R^2	0.14			
n = 125				

Table 298
Regression of child percent dietary reference intake (DRI) for zinc on mother ethnicity for female subjects (Ordinary least squares) (model 4)

		Percent DRI for zinc		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother Black		0.66	0.36	0.00
F value				<.0001
Adjusted R^2	0.17			
n = 125				

Table 299
Regression of child percent of recommendation for monounsaturated fatty acid (MUFA) on mother ethnicity for female subjects (Ordinary least squares) (model 4)

		Percent recommendation for MUFA		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother Black		0.42	0.32	0.00
F value				0.01
Adjusted R^2	0.09			
n = 125				

Table 300
Regression of child percent of recommendation for sodium on mother ethnicity and mother age for male subjects (Ordinary least squares) (model 4)

	Percent recommendation for sodium		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother Hispanic	-0.36	-0.21	0.03
Mother age	-0.03	-0.29	0.00
F value			0.03
Adjusted R^2 0.07			
n = 124			

Table 301
Regression of child percent of recommendation for potassium on mother perception of underweight (self) for female subjects (Generalized method of moments) (model 4)

	Percent recommendation for potassium	
Predictors	**Beta**	**p-value**
Mother underweight	0.30	0.00
F value		0.00
Adjusted R^2 0.13		
n = 126		

Table 302
Regression of child body mass index (BMI) percentile on Tanner stage of development, father ethnicity, and father BMI for female subjects (Ordinary least squares regression) (model 4)

	Child BMI percentile		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	4.61	0.22	0.02
Father Hispanic	19.56	0.22	0.02
Father BMI	1.56	0.22	0.05
F value			0.01
Adjusted R^2 0.13			
n = 96			

Table 303
Regression of child body mass index (BMI) percentile on Tanner stage of development and father ethnicity for female subjects (Ordinary least squares regression) (model 4)

	Child BMI percentile		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	4.90	0.23	0.02
Father Hispanic	22.07	0.25	0.01
F value			0.03
Adjusted R^2 0.09			
n = 96			

Table 304
Regression of child waist-hip-ratio on father age and father body mass index (BMI) for male subjects
(Ordinary least squares regression) (model 4)

		Child waist-hip-ratio		
Predictors		**Beta**	**Standard beta**	**p-value**
Tanner stage of development		-0.00	-0.26	0.01
Father BMI		0.01	0.23	0.03
F value				0.05
Adjusted R^2	0.13			
n = 99				

Table 305
Regression of child waist-hip-ratio on Tanner stage of development for female subjects (Ordinary least squares regression) (model 4)

		Child waist-hip-ratio		
Predictors		**Beta**	**Standard beta**	**p-value**
Tanner stage of development		-0.02	-0.46	<.0001
F value				<.0001
Adjusted R^2	0.24			
n = 96				

Table 306
Regression of child waist-hip-ratio on father age for male subjects (Ordinary least squares regression) (model 4)

		Child waist-hip-ratio	
Predictors	**Beta**	**Standard beta**	**p-value**
Father age	-0.01	-0.31	0.00
F value			0.01
Adjusted R^2 0.11			
n = 99			

Table 307
Regression of child skinfolds (triceps + subscapular) on Tanner stage of development and father body mass index (BMI) for female subjects (Ordinary least squares regression) (model 4)

		Child skinfolds	
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	2.26	1.02	0.01
Father BMI	0.76	0.25	0.02
F value			0.01
Adjusted R^2 0.17			
n = 96			

Table 308
Regression of child skinfolds (triceps + subscapular) on father age and father body mass index (BMI) for male subjects (Generalized method of moments) (model 4)

		Child skinfolds	
Predictors		**Beta**	**p-value**
Father age		-0.59	0.01
Father BMI		-0.89	0.01
F value			0.00
Adjusted R^2	0.15		
n = 100			

Table 309
Regression of child skinfolds (triceps + subscapular) on Tanner stage of development for female subjects (Ordinary least squares regression) (model 4)

		Child skinfolds		
Predictors		**Beta**	**Standard beta**	**p-value**
Tanner stage of development		2.35	0.26	0.01
F value				0.01
Adjusted R^2	0.13			
n = 96				

Table 310
Regression of child skinfolds (triceps + subscapular) on father age for male subjects (Generalized method of moments) (model 4)

	Child skinfolds	
Predictors	**Beta**	**p-value**
Father age	-0.69	0.01
F value		0.01
Adjusted R^2 0.10		
n = 100		

Table 311
Regression of child percent of dietary reference intake (DRI) for protein on Tanner stage of development for female subjects (Ordinary least squares regression) (model 4)

	Percent DRI for protein		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.23	-0.52	<.0001
F value			<.0001
Adjusted R^2 0.26			
n = 95			

Table 312
Regression of child percent of dietary reference intake (DRI) for cholesterol on father body mass index (BMI) and father perception of underweight (self) for female subjects (Ordinary least squares regression) (model 4)

	Percent DRI for cholesterol		
Predictors	**Beta**	**Standard beta**	**p-value**
Father BMI	0.05	0.42	0.00
Father underweight perception	0.49	0.31	0.01
F value			0.00
Adjusted R^2 0.13			
n = 95			

Table 313
Regression of child percent of dietary reference intake (DRI) for niacin on father age and father perceiving others think he is overweight for male subjects (Ordinary least squares regression) (model 4)

	Percent DRI for niacin		
Predictors	**Beta**	**Standard beta**	**p-value**
Father age	-0.04	-0.29	0.01
Father overweight perception	0.31	0.21	0.03
F value			0.02
Adjusted R^2 0.10			
n = 95			

Table 314
Regression of child percent of dietary reference intake (DRI) for vitamin B12 on Tanner stage of development and father perception of underweight (self) for female subjects (Ordinary least squares regression) (model 4)

	Percent DRI for vitamin B12		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.17	-0.24	0.01
Father underweight	1.22	0.41	0.00
F value			0.00
Adjusted R^2 0.15			
n = 95			

Table 315
Regression of child percent of dietary reference intake (DRI) for vitamin C on Tanner stage of development and father perceiving others think he is overweight for female subjects (Ordinary least squares regression) (model 4)

	Percent DRI for vitamin C		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.26	-0.32	0.00
Father overweight perception	0.52	0.23	0.03
F value			0.03
Adjusted R^2 0.08			
n = 95			

Table 316
Regression of child percent of dietary reference intake (DRI) for iron on Tanner stage of development for female subjects (Ordinary least squares regression) (model 4)

	Percent DRI for iron		
Predictors	**Beta**	**Standard beta**	**p-value**
Tanner stage of development	-0.17	-0.39	0.00
F value			0.00
Adjusted R^2 0.14			
n = 95			

Table 317
Regression of child percent of dietary reference intake (DRI) for magnesium on family income, Tanner stage of development, and father ethnicity for male subjects (Ordinary least squares regression) (model 4)

	Percent DRI for magnesium		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-0.10	-0.20	0.04
Tanner stage of development	-0.07	-0.31	0.00
Father Hispanic	-0.24	-0.24	0.02
F value			0.00
Adjusted R^2 0.13			
n = 98			

Table 318
Regression of mother pressuring child to eat on mother ethnicity for mothers (Ordinary least squares regression) (model 5)

	Mother pressure		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother Black	0.79	0.24	0.00
F value			<.0001
Adjusted R^2 0.09			
n = 270			

Table 319
Regression of mother concern about child overweight on mother ethnicity for mothers (Ordinary least squares regression) (model 5)

	Mother concern		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother Black	0.36	0.22	0.00
Mother Hispanic	0.34	0.21	0.00
F value			<.0001
Adjusted R^2 0.10			
n = 271			

Table 320
Regression of mother concern about child overweight on mother ethnicity and mother age for mothers (Ordinary least squares regression) (model 5)

		Mother concern		
Predictors		**Beta**	**Standard beta**	**p-value**
Mother Black		0.38	0.23	0.00
Mother Hispanic		0.34	0.21	0.00
Mother age		-0.01	-0.13	0.04
F value				<.0001
Adjusted R^2	0.09			
n = 272				

Table 321
Regression of father concern about child overweight on family income for fathers (Ordinary least squares regression) (model 5)

		Father concern		
Predictors		**Beta**	**Standard beta**	**p-value**
Family income		-0.05	-0.14	0.04
F value				0.04
Adjusted R^2	0.03			
n = 213				

Table 322
Regression of mother's attempt to lose weight on family income and mother body mass index (BMI) for mothers
(Logistic regression) (model 6A)

	Mother's attempt to lose weight		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-0.69	-0.27	0.02
Mother BMI	-0.12	-0.41	0.01
F value			0.01, 0.01, 0.02
Adjusted R^2 0.12			
n = 272			

Table 323
Regression of mother's attempt to lose weight on family income and mother perception of overweight (self) for mothers
(Logistic regression) (model 6A)

	Mother's attempt to lose weight		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-0.63	-0.25	0.03
Mother overweight	-1.01	-0.27	0.01
F value			0.01, 0.02, 0.03
Adjusted R^2 0.10			
n = 273			

Table 324
Regression of mother's attempt to lose weight on family income and mother perceiving others think she is overweight for mothers (Logistic regression) (model 6A)

	Mother's attempt to lose weight		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-0.67	-0.26	0.03
Mother overweight perception	-1.22	-0.33	0.01
F value			0.01, 0.01, 0.02
Adjusted R^2 0.12			
n = 271			

Table 325
Regression of mother past diet on family income, mother ethnicity, and mother body mass index (BMI) for mothers (Logistic regression) (model 6A)

	Mother past diet		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-0.67	-0.27	0.04
Mother Black	1.90	0.32	0.02
Mother BMI	-0.39	-1.30	<.0001
F value			<.0001, <.0001, 0.00
Adjusted R^2 0.31			
n = 272			

Table 326
Regression of mother past diet on mother age and mother perception of overweight (self) for mothers (Logistic regression) (model 6A)

	Mother past diet		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother age	0.08	0.25	0.04
Mother overweight	-2.60	-0.71	<.0001
F value		<.0001, <.0001, <.0001	
Adjusted R^2 0.29			
n = 273			

Table 327
Regression of mother past diet on mother perceiving others think she is overweight and mother perception of underweight (self) for mothers (Logistic regression) (model 6A)

	Mother past diet		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother overweight perception	-2.00	-0.54	0.00
Mother overweight	1.04	0.17	0.04
F value		<.0001, <.0001, 0.00	
Adjusted R^2 0.20			
n = 271			

Table 328
Regression of father's attempt to lose weight on father perception of underweight (self) for fathers (Logistic regression) (model 6A)

	Father's attempt to lose weight		
Predictors	**Beta**	**Standard beta**	**p-value**
Father underweight	1.60	0.27	0.00
F value			0.02, 0.01, 0.02
Adjusted R^2 0.10			
n = 210			

Table 329
Regression of father past diet on father body mass index (BMI) and father perception of underweight (self) for fathers (Logistic regression) (model 6A)

	Father past diet		
Predictors	**Beta**	**Standard beta**	**p-value**
Father BMI	-0.24	-0.51	<.0001
Father underweight	1.20	0.20	0.05
F value			<.0001, <.0001, <.0001
Adjusted R^2 0.26			
n = 214			

Table 330
Regression of father past diet on father perception of overweight (self) and father perception of underweight (self) for fathers (Logistic regression) (model 6A)

	Father past diet		
Predictors	**Beta**	**Standard beta**	**p-value**
Father overweight	-1.39	-0.38	<.0001
Father underweight	1.52	0.26	0.01
F value		<.0001, <.0001, <.0001	
Adjusted R^2 0.25			
n = 214			

Table 331
Regression of father past diet on father perceiving others think he is overweight (self) and father perception of underweight (self) for fathers (Logistic regression) (model 6A)

	Father past diet		
Predictors	**Beta**	**Standard beta**	**p-value**
Father overweight perception	-1.52	-0.40	0.00
Father underweight	1.89	0.32	0.00
F value		<.0001, <.0001, <.0001	
Adjusted R^2 0.25			
n = 210			

Table 332
Regression of mother body mass index (BMI) on family income, mother ethnicity, mother age, and mother past dieting for mothers (Ordinary least squares regression) (model 6B)

	Mother BMI		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-1.10	-0.31	0.04
Mother Black	3.83	0.19	0.00
Mother age	-0.89	-0.18	0.00
Mother past diet	4.34	0.24	<.0001
F value			<.0001
Adjusted R^2 0.19			
n = 271			

Table 333
Regression of mother perception of overweight (self) on mother past dieting for mothers (Logistic regression) (model 6B)

	Mother overweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother past diet	-2.49	-0.45	<.0001
F value			<.0001, <.0001, 0.00
Adjusted R^2 0.19			
n = 273			

Table 334
Regression of mother perceiving others think she is overweight on mother past dieting for mothers (Logistic regression) (model 6B)

	Mother perception of overweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother past diet	-1.87	-0.34	0.00
F value			0.00, 0.00, 0.02
Adjusted R^2 0.12			
n = 271			

Table 335
Regression of father body mass index (BMI) on family income and father past dieting for fathers (Ordinary least squares regression) (model 6B)

	Father BMI		
Predictors	**Beta**	**Standard beta**	**p-value**
Family income	-0.99	-0.14	0.03
Father past diet	3.27	0.39	<.0001
F value			<.0001
Adjusted R^2 0.16			
n = 213			

Table 336
Regression of father perception of overweight (self) on father past dieting for fathers (Logistic regression) (model 6B)

		Father overweight	
Predictors	**Beta**	**Standard beta**	**p-value**
Father past diet	-1.73	-0.44	<.0001
F value			<.0001, <.0001, <.0001
Adjusted R^2 0.23			
n = 214			

Table 337
Regression of father perception of underweight (self) on father past dieting for fathers (Logistic regression) (model 6B)

		Father underweight	
Predictors	**Beta**	**Standard beta**	**p-value**
Father past diet	1.88	0.48	0.00
F value			0.00, <.0001, 0.00
Adjusted R^2 0.24			
n = 214			

Table 338
Regression of father perceiving others think he is overweight on father past dieting for fathers (Logistic regression) (model 6B)

	Father perception of overweight		
Predictors	**Beta**	**Standard beta**	**p-value**
Father past diet	-1.84	-0.48	<.0001
F value			0.00, 0.00, 0.00
Adjusted R^2 0.17			
n = 210			

Table 339
Regression of mother pressuring child to eat on mother ethnicity, mother past dieting for mothers (Ordinary least squares regression) (model 7)

	Mother pressure		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother Black	0.76	0.23	0.00
Mother past diet	-0.49	-0.16	0.01
F value			<.0001
Adjusted R^2 0.10			
n = 272			

Table 340
Regression of mother concern about child overweight on mother ethnicity for mothers (Ordinary least squares regression) (model 7)

	Mother concern		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother Black	0.39	0.24	0.00
Mother Hispanic	0.33	0.20	0.00
F value			<.0001
Adjusted R^2 0.10			
n = 272			

Table 341
Regression of mother monitoring/restricting child intake on mother's attempt to lose weight for mothers
(Ordinary least squares regression) (model 7)

	Mother monitoring/restriction		
Predictors	**Beta**	**Standard beta**	**p-value**
Mother attempt to lose weight	6.01	0.13	0.04
F value 0.00			
Adjusted R^2 0.05			
n = 272			

Table 342
Regression of child past dieting on Tanner stage of development and mother age for female subjects (Logistic regression) (model 8)

		Child past diet		
Predictors		**Beta**	**Standard beta**	**p-value**
Tanner stage of development		-0.47	-0.35	0.01
Mother age		-0.12	-0.32	0.03
F value				0.00, 0.01, 0.03
Adjusted R^2	0.24			
n = 128				

Table 343
Regression of child past dieting on Tanner stage of development and father low fat eating habits for female subjects (Logistic regression) (model 8)

		Child past diet		
Predictors		**Beta**	**Standard beta**	**p-value**
Tanner stage of development		-0.63	-0.47	0.01
Father eating		-0.00	-0.47	0.01
F value				0.00, 0.01, 0.03
Adjusted R^2	0.33			
n = 97				

APPENDIX B

CONSENT AND ASSENT FORMS

Subject's initials: ____________ Date: ______________________

CONSENT FORM AND INFORMATION

"PARENTAL TIME, ROLE STRAINS, COPING, AND CHILDREN'S DIET AND NUTRITION"
Texas A & M University, College Station, TX 77843-2125

I. Nature and Purpose
I have been asked for my permission for my participation and my child's participation in a research study which is being conducted by the Department of Rural Sociology at Texas A&M in the Houston area. I have been told that the purpose of this study is to examine the relationship between children's eating habits and body size and parental time constraints and parenting styles. I have been told that 300 children and their parents will participate in this study.

II. Procedure
I understand that if I allow my child to take part in this study, she or he will be interviewed in my home by means of a questionnaire. This will take about from 40 minutes to complete. The questions my child will be asked include questions regarding my child's activities during the last 24 hours, my child's perceptions of how family decisions are made, my child's perceptions of the closeness of our relationship is, my child's perceptions of how I usually punish my child, and my child's health habits such as how many hours of sleep per night the child gets on average, how my child feels about himself/herself, whether or nor my child smokes cigarettes, and whether or not my child drinks alcohol. Questions regarding smoking and drinking are sensitive in nature and my child has the right to refuse to answer these and any other questions on the questionnaire. If my child chooses to answer questions about smoking and drinking, I understand that these answers will be kept in confidence by the researchers. I will not have access to these answers. Another part of the questions will ask my child about his/her activities over the past 24 hours as well as what he/she ate during this same time period. In addition, my child will undergo a very brief physical exam that involves measuring height, weight, and skinfold thicknesses. This part of the study will be done after my child has been interviewed. I also understand that I will be asked to participate in a 25-minute telephone interview at a time of my choosing. I have been told that the interview deals with time constraints that may affect my family, my attitudes about child rearing, family employment in the labor force, family eating habits, my knowledge of nutrition, and my health history. I have been assured that my responses to these questions will remain confidential and that I have the right to refuse to answer any of the questions asked of me. Three hundred children and their parents will be asked to participate in this study.

III. Benefits
I have been told that the researchers will make available an assessment of my child's dietary intake and weight status. If this information indicates that my child is at risk of an eating disorder, I will be informed of this. In addition, in return for participating my child will be paid $25 and I will be paid $20 for my participation. In addition, the information provided to my child and I will aid researchers and health teachers to better understand ways to improve children's knowledge of nutrition and eating habits.

Subject's initials: ____________ Date: ______________________

IV. Risks and Financial Responsibility
I have been told that there are no known risks to participating in this study. In the unforeseen event of injury resulting from participating in this study, I understand that there will be no financial compensation or free medical treatment offered by Texas A&M University. I have also been told that if evidence of child abuse is discovered either during the physical exam or survey interview, the researchers are obligated to report this to the proper authorities.

V. Confidentiality
I understand that most everything learned about my child in this study will be confidential. I have been told that I will receive a summary of my child's eating practices and weight status. If results from this study are published, I have been told that my child will not be identified in any way. I understand that the data collected by this project will be maintained by use of an identification number and not by my child's name nor by my name.

VI. Voluntary Participation
By signing this form, I understand that I am giving permission for my child's participation in the research project described above and that I am agreeing to participate myself. I understand that my decision to participate and my decision to allow my child to participate are both voluntary. Both my child and I are free to choose not to participate or to stop participation at any time. Refusal to participate will also have no negative effects on my child or me. I understand that in order for my child to be paid for his/her participation, he or she must complete the project. Similarly, I understand that in order for me to be paid, I must complete my part of the project. I have been told that there are no anticipated circumstances under which me or my child's participation may be terminated without my consent. I understand that if we agree to participate, that I must sign this consent form and my child the assent form and then mail both back to Texas A&M University in the enclosed envelope.

VII. Contact
If I have additional questions or concerns, I can contact William Alex McIntosh, Ph.D. at (979)845-8525 His address is Department of Rural Sociology, 2125 TAMU, Texas A& M University, College Station, TX 77843-2125. "This research study has been reviewed and approved by the Institutional Review Board Human Subjects in Research, Texas A&M University. For research-related problems or questions regarding subjects' rights, the Institutional Review Board may be contacted through Dr. Richard E. Miller, IRB Coordinator, Office of Vice President for Research and Associate Provost for Graduate Studies at (979) 845-8069.

VIII. Signature
The protocol and consent forms have been discussed with me. I have read and understand the explanation provided me. I have had all my questions answered to my satisfaction and I voluntarily agree for my child to participate in this study. I understand the risks and benefits associated with participation in this project. I have also been given a copy of this consent form.

Signature of Subject	Signature of Witness	Date
Name of Subject (Please Print)	Signature of Investigator	Date

Please give the following information:

Address: ____________________________________

____

Phone: ____________________________________

Principal Investigator:
William Alex McIntosh
Department of Rural Sociology, 2125 TAMU
Texas A&M University, College Station, TX 77843
Phone: 979-845-8525

Conditions of Payment

Subjects will be mailed money orders in the amount promised them ($25 for children; $20 for each parent) after they have completed their portion of the project. Should one family member complete participation, but the other family members fail to do, that participating family member will still receive his or her compensation.

ASSENT FORM AND INFORMATION ABOUT "Parental Time, Role Strains, Coping, and Children's Diet and Nutrition"
Texas A&M University, College Station, TX 77843-2125

I have been told that the purpose of the study is to find out about children's eating habits and body size, family time pressures, and how my parents and I get along. Three hundred children and their parents will be asked to participate. I understand that if I agree to participate, I will be asked questions about the kind of relationships I have with my parents and how my parents punish me. I will also be asked I feel about myself. And I will be asked about my eating habits and how much I exercise. I understand that I will be asked about whether I smoke or drink and that I have the right to refuse to answer these or any other questions on the questionnaire. I will answer these questions during an interview in my home. I also understand that my height, weight, and several skinfold thicknesses will measured after I have been interviewed. I have been shown what these procedures entail. I have been told that my parents will also be asked to participate in this study. They will be asked some questions about their attitudes about child rearing, about their jobs, family eating habits, their knowledge of nutrition, and their health history.

I understand that my parents have to give their permission for me to participate in this study. I may participate only if they give their permission, but I also have the right to refuse to participate even if they have given their OK. If I change my mind, a can stop the interview or examination at any time. Nothing will happen to me if I decide not to participate in the study.

I understand that if I decide to participate, it may help researchers learn more about children's eating habits and how to make them better. If I participate, I have been told that I will not be hurt or harmed in any way by participating in this study. I have been told that I will get $25 after I have completed the study. I have also been told that 300 hundred children and their parents will be asked to participate in the study.

I understand that most of information I give the researchers will be kept private and confidential. I have been told that the researchers will provide my parents with a summary of my eating habits and my weight status; if the researchers think that I may have an eating disorder or am obese, my parents will be informed of this possibility. None of the rest of the information about me will be available to my parents. I have been asked to talk with my parents about participating. If they agree to participate and I also agree, we will return the signed papers by mail. I have been given a copy of the assent form to keep. If my parents agree that I can participate and I agree to participate, I will sign my name on the line below.

If I have additional questions or concerns, I can contact William Alex McIntosh, Ph.D. at (979) 845-8525 His address is Department of Rural Sociology, 2125 TAMU, Texas A& M University, College Station, TX 77843-2125. "This research study has been reviewed and approved by the Institutional Review Board - Human Subjects in Research, Texas A&M University. For research-related problems or questions regarding subjects' rights, the Institutional Review Board may be contacted through Dr. Richard E. Miller, IRB Coordinator, Office of Vice President for Research and Associate Provost for Graduate Studies at (979) 845-8069.

___________________Date: _________ ______________Date: _________

Child's Signature Principal Investigator's Signature

Principal Investigator:
William Alex McIntosh
Department of Rural Sociology
2125 TAMU
Texas A&M University, College Station, TX 77843
Phone: 979-845-8525

Conditions of Payment

Subjects will be mailed money orders in the amount promised them ($25 for children; $20 for each parent) after they have completed their portion of the project. Should one family member complete participation, but the other family members fail to do, that participating family member will still receive his or her compensation.

APPENDIX C

PARENT QUESTIONNAIRE

CONFIDENTIAL FORM

Revised Parent Questionnaire
Draft
Texas A&M University

Name of Interviewer: ____

Name of Respondent: ____

Address: ______________________ Phone No. _________________________

____

(Name of teenager in the study: ________________________)

Subject Number: __________

Date and Time of Appointment

Date: Time (am/pm)

_______ __________

Date and Time of Reschedule (if necessary)

Date: Time (am/pm)

_______ __________

_______ __________

_______ __________

READ:

Hi: I'm _____________ calling from Texas A&M University for the Parent Time and Children's Nutrition Project. Is this still a good time to interview you?

I am going to ask you some questions and then read you your choices of answers. It is important that your answers be accurate and complete. Please take your time. I will read each question exactly as it is worded in the questionnaire and then read to you the answer choices to each question. We are asking you to choose from the choices that comes closest to your answer. If you think that none of these answers come very close to your answer, please tell me. If necessary, feel free to ask me to repeat the question.

PARENT INTERVIEW SCHEDULE

SECTION I

To start off, we want to ask you some questions about your work.

1. Were you employed at any time during the last 12 months?

   Yes . . . . 1 **If yes, skip to question 3.**
   No 2

2. If you answered no to the previous question, what is the reason you did not work during the last 12 months?

   READ:

   Retired 1
   Taking care of home/family 2
   Going to school 3
   Ill, disabled, unable to work . . . 4
   Unable to find work 5
   Other, please specify ____________________
   [If not working at present, skip to question 16 on page 7]

3. Indicate which of the following best describes your employment over the last 12 months.

   READ:

   Part time 1
   Full time 2
   Both 3

4. If you were working last week, how many hours did you work last week, at all jobs?

   Hours ________

5. A. What kind of work do you (did you) normally do? That is, what (is/was) your job called?

   OCCUPATION: ________________________

   B. What do/did you actually do in that job? Tell me, what are/were some of your main duties?

   ____

C. What kind of place do/did you work for?

INDUSTRY: ____________________

D. What do/did they make/do? ______________________________

E. Are/Were you self employed or do/did you work for someone else? ________

IF CURRENTLY WORKING FULL-TIME, PART-TIME, OR WITH A JOB, ASK QUESTION 6; IF NOT SKIP TO QUESTION 16 ON PAGE 7.

6. What days of the week do you normally work? **CIRCLE ONE CODE.**

RESPONSE	**CIRCLE**
Works Monday through Friday	1
Works Monday-Fridays and some Saturdays	2
Works Monday-Friday and some Sundays	3
Works Saturday and Sunday plus some Monday through Friday	4
No set schedule	5
Other, please specify: ______________	
Don't know	9

7. What hours do you usually work -- days, evenings, or nights?

RESPONSE	**CIRCLE**
Days (between 8am and 6 pm)	1
Evenings (between 6 pm and midnight)	2
Nights (between midnight and 8 am)	3
No set schedule, varies	4
Other, please specify: ______________	5
No answer	9

8. How flexible are your work hours?

READ	**CIRCLE**
Inflexible	1
Somewhat flexible	2
Very flexible	3

9. How flexible are your work days?

READ	**CIRCLE**
Inflexible	1
Somewhat flexible	2
Very flexible	3

WE WOULD NEXT LIKE TO ASK YOU HOW YOU FEEL ABOUT YOUR WORK

10. First, we would like to know how you feel about your job. Tell me if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with each of the following statements.

READ:	**THEN READ:** Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
a. My work is the most important thing in my life.	1	2	3	4	5
b. My family is more important to me than my work.	1	2	3	4	5
c. Sometimes on weekends I wish I were back at work.	1	2	3	4	5
d. Even if I had enough money to live the way I want for the rest of my life, I would keep working.	1	2	3	4	5
e. Sometimes I bring work home with me to finish up.	1	2	3	4	5

11. Next we would like to ask you a few questions about the company or organization you work for. Tell me if you strongly disagree, disagree, neither agree/disagree, agree, or strongly agree with the following:

READ:	**Then read:** Strongly Disagree	Disagree	Neither Agree / Disagree	Agree	Strongly Agree
a. I feel very little loyalty to my company or organization.	1	2	3	4	5

READ:	Then read: Strongly Disagree	Disagree	Neither Agree / Disagree	Agree	Strongly Agree
b. I could just as well be working for a different company or organization.	1	2	3	4	5
c. It would take very little change in my present circumstances to cause me to leave my company or organization.	1	2	3	4	5
d. I tell other people that my company or organization is a great place to work.	1	2	3	4	5
e. It doesn't matter who you work for as long as they treat you right.	1	2	3	4	5
f. It doesn't matter who you work for as long as they pay you enough.	1	2	3	4	5
g. Thinking about my company or organization I wouldn't want to work any place else.	1	2	3	4	5
h. It wouldn't take much to cause me to look for another job.	1	2	3	4	5
i. Thinking about my company or organization, I feel like I really fit in.	1	2	3	4	5

12. We would like to ask you about how much freedom you have to make decisions regarding your work and the place you work. How true are the following statements?

READ:	Then read: Strongly Disagree	Disagree	Neither Agree / Disagree	Agree	Strongly Agree
a. There can be little action here until a supervisor approves a decision.	1	2	3	4	5
b. A person who wants to make his or her own decisions would be quickly discouraged.	1	2	3	4	5

READ:	Then read: Strongly Disagree	Disagree	Neither Agree / Disagree	Agree	Strongly Agree
c. Even small matters have to be referred to someone higher up for a final decision.	1	2	3	4	5
d. I have to ask my boss before I do almost anything.	1	2	3	4	5
e. I am allowed to do some of my work at home.	1	2	3	4	5
f. I am allowed to work longer some days so I can take time off on other days.	1	2	3	4	5

SECTION II

In this next group of questions, we would like to ask you about various conditions inside and outside your home.

(ASK THESE QUESTIONS OF THE EMPLOYED RESPONDENTS ONLY; SKIP TO QUESTION 16 IF THE RESPONDENT IS NOT EMPLOYED)

13. How often do the following things happen to you?

READ:	Then read: Very Infre-quently	Infre-quently	Some-times	Fre-quently	Very Fre-quently
a. I experience conflicts between my work responsibilities and my family responsibilities.	1	2	3	4	5
b. I am able to give my children the attention they need.	1	2	3	4	5
c. I sometimes miss out on the pleasures of being a parent.	1	2	3	4	5

d. I worry about the effects my job may have on my children.	1	2	3	4	5
e. My problems at work spill over into my family.	1	2	3	4	5
f. I feel "stressed out" by my work.	1	2	3	4	5
g. I feel frustrated by my job.	1	2	3	4	5

14. What are your working conditions like?

READ: "At Work. . ."	**Then read:** Very Infrequently	Infrequently	Sometimes	Frequently	Very Frequently
a. I have to work very fast	1	2	3	4	5
b. I have to work very hard	1	2	3	4	5
c. I have more work than time to do it in	1	2	3	4	5
d. I have deadlines that are hard to meet	1	2	3	4	5

15. I would next like to ask you some questions about how you deal or cope with your work.

READ: **"At Work ....."**	**Then read:** Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
a. I try to work as hard as I can so I can stay ahead of things.	1	2	3	4	5
b. I try to anticipate busy times by planning ahead	1	2	3	4	5
c. I tell myself its not the end of the world if I don't finish my work on time.	1	2	3	4	5
d. I am careful not to get too involved in too many things.	1	2	3	4	5

e. I complete my work on time by making steady progress.	1	2	3	4	5
f. It's useless to plan ahead.	1	2	3	4	5

SECTION III

ASK OF ALL RESPONDENTS

16. How are things at home?

READ "AT HOME":	**Then read:** Very Infre- quently	Infre- quently	Some- times	Fre- quently	Very Fre- quently
a. I don't get enough help from others.	1	2	3	4	5
b. I have more work to do than time to do it in.	1	2	3	4	5
c. I am frequently interrupted when I am doing housework.	1	2	3	4	5
d. My spouse expects more than he/she gives in return.	1	2	3	4	5
e. There is not enough opportunity to be the person I want to be.	1	2	3	4	5
f. My spouse does his/her share of the housework.	1	2	3	4	5
g. I can't be myself around my spouse.	1	2	3	4	5
h. My spouse is easy to talk with.	1	2	3	4	5
i. My spouse is willing to listen to my problems.	1	2	3	4	5

	Always rushed	Sometimes rushed	Almost never rushed
17. Would you say you always feel rushed, even to do the things you have to do, only sometimes feel rushed, or almost never feel rushed?	1	2	3

18. Do you ever do housework such as laundry or grocery shopping? **[If yes, ask them Q19] [If no, ask Q20]**

Yes _______ No _______

19. We would also like to know how you deal with your work around the house. **Ask only of those who do housework**

READ:	**Then read:** Strongly Agree	Agree	Neither Agree/ Disagree	Disagree	Strongly Disagree
a. I have made an effort to find ways to save time in doing my housework.	1	2	3	4	5
b. I try to do all of my family members' laundry at the same time.	1	2	3	4	5
c. I try to do all of the laundry once a week.	1	2	3	4	5
d. I do all my grocery shopping for the week in one trip to the grocery store.	1	2	3	4	5
e. I try to do several house chores at the same time.	1	2	3	4	5

SECTION IV

In this part of the questionnaire, I'd like to ask you a few things about your family.

20. Certain things have to be done in every household. Please tell me who does the following tasks in your family. (CIRCLE THE APPROPRIATE NUMBER)
(IF THE RESPONDENT ANSWERS 'OTHER,' FIND OUT WHO THIS IS)

READ	**Then read:** Wife Always	Wife Usually	Both Equally	Husband Usually	Husband Always	Other ➔	**[Ask]** Who:
a. Who is usually responsible for the housework such as cleaning and laundry?	1	2	3	4	5	6	_______

READ	Then read: Wife Always	Wife Usually	Both Equally	Husband Usually	Husband Always	Other →	[Ask] Who:
b. Who is usually responsible for preparing dinner?	1	2	3	4	5	6	_______
c. Who is usually responsible for preparing breakfast?	1	2	3	4	5	6	_______
d. Who is usually responsible for looking after the children?	1	2	3	4	5	6	_______
e. Who is usually responsible for household repairs?	1	2	3	4	5	6	_______
f. Who is usually responsible for car maintenance and repair?	1	2	3	4	5	6	_______

21. Do you ever have anyone come in to clean the house for you?

Never	Sometimes	Frequently
1	2	3

22a. Every family has to make decisions about **whether to buy** such things like groceries, furniture or cars. We would like to find out who usually makes such decisions. We will read you a list of things that people usually buy and then ask you who in your family makes the decision to buy each thing.

PURCHASE DECISION	Husband Only	Husband More	Husband & Wife the same	Wife More	Wife Only
1. Whether to buy or rent a house	1	2	3	4	5
2. Whether to buy a car	1	2	3	4	5

PURCHASE DECISION	Husband Only	Husband More	Husband & Wife the same	Wife More	Wife Only
3. Whether to buy appliances such as a refrigerator, washer or dryer	1	2	3	4	5
4. Whether to buy furniture	1	2	3	4	5
5. Whether to buy electronic equipment, computer, television or sound system	1	2	3	4	5
6. Whether to buy groceries	1	2	3	4	5
7. Whether to eat out	1	2	3	4	5
8. Whether to buy clothing and footwear for household members	1	2	3	4	5
9. Whether to buy school supplies	1	2	3	4	5

22b. Given a decision has been made to buy an item, every family also has to make decisions about **how much to spend** on such things as rent, groceries, furniture, or cars. We would like to find out who makes these decisions. We will read you a list of things and ask you who decides how much to spend on each thing.

PURCHASE AMOUNT	Husband Only	Husband More	Husband & Wife the same	Wife More	Wife Only
1. How much to spend on rent or mortgage payments	1	2	3	4	5
2. How much to spend on a car	1	2	3	4	5
3. How much to spend on appliances, such as a refrigerator, washer or dryer	1	2	3	4	5
4. How much to spend on furniture	1	2	3	4	5
5. How much to spend on electronic equipment, computer, television or sound system	1	2	3	4	5
6. How much to spend on groceries	1	2	3	4	5
7. How much to spend on eating out	1	2	3	4	5

PURCHASE AMOUNT	Husband Only	Husband More	Husband & Wife the same	Wife More	Wife Only
8. How much to spend on clothing and footwear for household members	1	2	3	4	5
9. How much to spend on school supplies	1	2	3	4	5

SECTION V

23. We now would like to talk with you about your opinions about the amount and type of food you think your child should eat. **[Skip to Question 26 if they have no opinions]**

READ:	**Then read:** Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
a. My child should always eat all of the food on her/his plate.	1	2	3	4	5
b. I have to be especially careful to make sure my child eats enough.	1	2	3	4	5
c. If my child says "I'm not hungry", I try to get her/him to eat anyway.	1	2	3	4	5
d. If I did not guide or regulate my child's eating, she/he would eat much less than she/he should.	1	2	3	4	5

24. Parents sometimes try to keep track of the amount of food their children eat. Do you? **[Skip to Question 26 if they do not]**

READ:	**Then read:** Never	Infrequently	Frequently	Always
a. How much do you keep track of the sweets (like candy, ice cream, cakes, pies, pastries) that your child eats?	1	2	3	4

b. How much do you keep track of the snack food (like potato chips, Doritos, cheese puffs) that your child eats?	1	2	3	4
c. How much do you keep track of the high fat foods that your child eats?	1	2	3	4

25. Some parents are concerned about what their children eat; others are not.

READ:	**Then read:** Unconcerned	Somewhat Concerned	Concerned	Very Concerned
a. How concerned are you about your child eating too much when you are not around her/him?	1	2	3	4
b. How concerned are you about your child having a diet to maintain a desirable weight?	1	2	3	4
c. How concerned are you about your child becoming overweight?	1	2	3	4

THE NEXT SET OF QUESTIONS HAVE TO DO WITH COOKING AND SHOPPING

26. I would next like to ask you some questions about your opinions about your family's eating practices. **(Ask of parent that prepares meals or who shops. Skip to Q30 if respondent does not cook or shop)**

READ:	**Then Read:** Strongly Disagree	Disagree	Neither Agree / Disagree	Agree	Strongly Agree
a. I try to schedule dinner so that the whole family can eat together.	1	2	3	4	5
b. When I'm in a hurry, I pick up "take out" food for dinner.	1	2	3	4	5
c. At breakfast, everyone must fend for themselves at my house.	1	2	3	4	5

27. I would like to ask you a few questions about you, your teenager, and food.

READ:	**Then Read:** Never	Very Seldom	Occasion-ally	Fre-quently	Very Fre-quently	N/A
a. How frequently do you talk to ____ about the importance of eating healthy foods?	1	2	3	4	5	6
b. How frequently do you worry about ______ eating habits?	1	2	3	4	5	6
c. How frequently do you encourage ___ to eat a low fat diet?	1	2	3	4	5	6
d. How frequently do you try to make sure ___doesn't eat too much junk food?	1	2	3	4	5	6
e. How frequently does ____eat dinner with the family?	1	2	3	4	5	6
f. How frequently does ____help you cook dinner?	1	2	3	4	5	6

SECTION VI

28. We would like to ask you some questions about cooking and serving food. Do you ever cook or serve food in the household? **[If no, skip to question 30]**

Read:	**Then Read:** Strongly Disagree	Disagree	Neither Agree / Disagree	Agree	Strongly Agree	N/A
a. I consider my family's health when I buy food.	1	2	3	4	5	6
b. I think the new easy-to-prepare foods are great.	1	2	3	4	5	6
c. Money is the thing I consider most when I plan meals.	1	2	3	4	5	6
d. I like meals that are easy to prepare.	1	2	3	4	5	6

Read:	Then Read: Strongly Disagree	Disagree	Neither Agree / Disagree	Agree	Strongly Agree	N/A
e. When I get home at night, I'm just too tired to fix much of a meal.	1	2	3	4	5	6
f. It is important to me to prepare meals that the whole family enjoys.	1	2	3	4	5	6
g. Because of my schedule, we frequently go to a fast food place for dinner.	1	2	3	4	5	6
h. At dinner time my family helps me with the cooking.	1	2	3	4	5	6
i. I buy only the best quality food.	1	2	3	4	5	6

29. We now want to ask you a few questions about things you do while shopping for food.

READ:	Then Read: Never	Very Seldom	Once in a while	Fre-quently	Very Fre-quently	N/A
a. How frequently do you read food labels to find out the amount of calories the food contains?	1	2	3	4	5	6
b. How frequently do you read food labels to find out the amount of fat the food item contains?	1	2	3	4	5	6
c. How frequently do you read food labels to determine the type of fat the food item contains?	1	2	3	4	5	6
d. Do you ever broil rather than fry your meat in order to reduce the amount of fat in it?	1	2	3	4	5	6
e. Do you ever remove the skin from your chicken before you eat it?	1	2	3	4	5	6

SECTION VII

HEALTH AND NUTRITION

Now we would like to ask you some questions about your weight and about dieting.

30. How much do you weigh? ______

31. How tall are you? ______

32. Would you say that you are:

    1. gaining weight?
    2. staying at the same weight?
    3. losing weight?

33. Do you think you are:

    1. very thin?
    2. slightly thin?
    3. about average?
    4. slightly overweight?
    5. very overweight?

34. What would be your ideal weight? __________

35. Do you plan to lose weight to get to this weight?

    1. Yes
    2. No
    3. Don't need to

36. Do you think others believe you weigh too much?

    1. Yes
    2. No

37. How old were you when you first tried to lose weight? (I have never dieted is an acceptable response).

    ____

38. During the past 7 days, which of the following things did you do in order to lose weight or to keep from gaining weight? **(Circle all that apply)**

    1. Ate less food
    2. Ate less fat
    3. Ate fewer calories
    4. Fasted
    5. Exercised
    6. Made yourself throw up
    7. Took diet pills
    8. Took laxatives
    9. Smoked
    10. Other: please specify/describe ____________________
    11. NONE

39. During the past 7 days, which of the following things did you do in order to gain weight or to build muscle? **(Circle all that apply)**

    1. Ate more food
    2. Ate more protein
    3. Exercised
    4. Lifted weights
    5. Took food supplements such as Andro or Creatine
    6. Other
    7. NONE

40. About how many days a week do you eat breakfast? _______

41. About how many times a day do you have a snack (not counting your meals)? _______

42. How many times a week do you take vitamins, minerals, or other supplements?

    1. Never
    2. < 2 times a week
    3. 2-4 times a week
    4. 5-7 times a week

43. Do you smoke cigarettes?

    1. Yes
    2. No **[If no, skip to Q45]**

    If answer is yes, record the number of packs smoked each day. _____

44. Did you start to smoke to help you lose weight?

    1. Yes
    2. No

45. Do you drink alcoholic beverages (like beer, wine, or hard liquor)?

    1. Yes
    2. No

    [If answer is yes] How many drinks (cans, glasses, shots) do you have each day? _____

46. Would you say you are more active physically than most people your age, less active than most people your age or about as active as people your age?

    1. More active
    2. About the same
    3. Less active

47. I exercise for a minimum of 30 minutes at least five times a week.

    1. Yes
    2. No

48. Members of my family exercise for a minimum of 30 minutes at least five times a week.

    1. Yes
    2. No

49. What time do you usually go to bed on week nights? *Write in time in this format HH:MM A for AM or HH:MM P for PM. Please remember that midnight is 12:00A and noon is 12:00P!*

    ____
    HH:MM (A or P)

50. How many hours of sleep do you usually get?

    _____ hours

51. Do you usually get enough sleep?

    1. Yes
    2. No

52. Has your child ever been diagnosed with the following disorders/**conditions**: (condition may be a better word to use than disorder)

____ Asthma ____ Diabetes ____ Heart disease

____ High blood cholesterol ____ Eating disorder ____ Other ___________

____ Attention Deficit Hyperactivity Disorder (ADHD)

53. Has your child been hospitalized in the past 6 months? 1. Yes 2. No

If yes, why? ________________________________

54. Has your child had any broken bones in the past 6 months? 1. Yes 2. No

If yes, which ones: ____________________________

55. Does your child take any prescribed medications on a regular basis?

1. Yes 2. No

If yes, what medication does _____________ (child's name) usually take?

_________________________ Why was it prescribed? __________________

Any other medication? ___________ Why was it prescribed? __________________

Any other medication? ___________ Why was it prescribed? __________________

Any other medication? ___________ Why was it prescribed? __________________

Any other medication? ___________ Why was it prescribed? __________________

56. I would next like to ask you about some of the things your family does about meals.

How often does your family do the following things **READ:**	**Then Read:** Never	Sometimes	Always
a. My family eats at the same time every night.	1	2	3
b. At least some of my family eats breakfast together every morning.	1	2	3
c. My family eats lunch together on special family days.	1	2	3
d. My whole family eats together every night.	1	2	3

How often does your family do the following things READ:	Then Read: Never	Sometimes	Always
e. When you eat breakfast in the morning, do you ever watch TV?	1	2	3
f. When you eat dinner, do you ever watch TV at the same time?	1	2	3

57. How much do you agree or disagree with the following statements about dinnertime in your family?

Read:	Then Read: Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
a. People in my family eat dinner whenever they want.	1	2	3	4	5
b. Your never know who will be home for dinner in my family.	1	2	3	4	5
c. In my family, dinnertime is more than just a meal; it is a special time.	1	2	3	4	5
d. In my family everyone has a specific job or task to do at dinnertime.	1	2	3	4	5
e. In my family we eat together regularly.	1	2	3	4	5
f. In my family we have a special family food night when we order "take out" food like pizza or go to a restaurant together.	1	2	3	4	5
g. In my family it is important that the family eats at least one meal together each day.	1	2	3	4	5
h. I enjoy eating meals with my family.	1	2	3	4	5
i. In my family, eating brings people together in an enjoyable way.	1	2	3	4	5
j. In my family, mealtime is a time for talking with other family members.	1	2	3	4	5

Read:	Then Read: Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
k. Mealtime has often been a time when people argue in my family.	1	2	3	4	5

58. How many times a week do you eat out? ________

59. How many times a week do you purchase meals and bring them home? _______

SOCIODEMOGRAPHICS SECTION

Finally, we would like to ask you a few questions about your background.

60. How old are you? _________

61. Gender (Interviewer may determine this)

    1. Male
    2. Female

62. What is your ethnic origin? ________________________________

63. How much education have you completed?

    1. some grammar school
    2. completed grammar school
    3. some high school
    4. graduated high school
    5. some college
    6. college graduate
    7. some graduate school
    8. completed graduate school

64. Are you currently:

    1. married
    2. widowed
    3. divorced
    4. separated
    5. never married
    6. refused

THANK YOU FOR YOUR HELP WITH OUR STUDY.

APPENDIX D

CHILD / ADOLESCENT QUESTIONNAIRE

CONFIDENTIAL FORM

Revised Adolescent Questionnaire
Draft
Texas A&M University

Name of Interviewer ______________________________

Name of Respondent ______________________________

Address: ____________________ Phone No: ____________________

____

Household Number: ______________ Subject #: ________________

Date and Time of Appointment

Date: Time (am/pm)

_______ __________

Date and Time of Reschedule (if necessary)

Date: Time (am/pm)

_______ __________

_______ __________

_______ __________

READ:

I am going to ask you some questions and then read you your choices of answers. It is important that your answers be accurate and complete. Please take your time. Feel free to ask questions if at any point it is not clear what we are asking you. I will read each question exactly as it is worded in the questionnaire and then read to you the answer choices to each question. We are asking you to choose from among these choices the answer that comes closest to your answer. If you think that none of these answers comes very close to your answer, please tell me. Please remember that your answers will be kept confidential. They will not be reported to other people.

To start things off, we would like to ask you about who you live with at home? Do you live with your real or biological mom and dad, other relatives, or with step parents?

READ:

1. With "real" (biological) mom and dad
2. With real mom only (no other parent like a step parent present)
3. With real mom and step dad
4. With real dad and step mom
5. **With real mother and other relatives. Who is that?**
   ____
6. Adoptive or foster parents

Then Read:

We will be asking you questions about your mother and father. If you live with a step-mother or step-father most of the time, the questions we ask apply to them.

1. **Real mom and dad**
2. **Real mom**

ADOLESCENT SURVEY INSTRUMENT

3. When important family problems come up, which parent usually has the most influence in the decision making? (Interviewer: circle the appropriate response).

   READ:

   1. Father (step-father) usually
   2. Father (step-father) more often
   3. Both about equally
   4. Mother (step-mother) more often
   5. Mother (step-mother) usually

2. Suppose your parents disagree about something, which parent usually makes the final decision?

   1. Father (step-father) usually
   2. Father (step-father) more often
   3. Both about equally
   4. Mother (step-mother) more often
   5. Mother (step-mother) usually

3. In general, how are decisions made between you and your mother (step-mother)? **[Hand respondents card A and read with them]**

   1. My mother (step-mother) just tells me what to do.
   2. She listens to me, but makes the decision herself.
   3. I have considerable opportunity to make my own decisions, but she has the final word.
   4. My opinions are as important as my mother's (step-mother's) in deciding what I should do.
   5. I can make my own decision, but she would like me to consider her opinion.
   6. I can do what I want regardless of what she thinks.
   7. She doesn't care what I do.

4. In general, how are decisions made between you and your father (step-father)? **[Hand respondents card B and read with them]**

   1. My father (step-father) just tells me what to do.
   2. He listens to me, but makes the decision himself.
   3. I have considerable opportunity to make my own decisions, but he has the final word.
   4. My opinions are as important as my father's (step-father's) in deciding what I should do.
   5. I can make my own decision, but he would like me to consider his opinion.
   6. I can do what I want regardless of what he thinks.
   7. He doesn't care what I do.

READ:

[In the next questions, *parents* can include two parents, including step parents, or it can mean only one parent if only one parent (without a step parent) is present. **Circle the answer to each question.**]

5. Do your parents let you make your own decisions about what time you have to come home on weekend nights?

   1. Yes
   2. No

6. Do your parents let you make your own decisions about the people you hang around with?

   1. Yes
   2. No

7. Do your parents let you make your own decisions about what you wear?

   1. Yes
   2. No

8. Do your parents let you make your own decisions about how much television you watch?

   1. Yes
   2. No

9. Do your parents let you make your own decisions about which television programs you watch?

   1. Yes
   2. No

10. Do your parents let you make your own decisions about what time you go to bed on week nights?

    1. Yes
    2. No

11. Do your parents let you make your own decisions about what you eat at home?

    1. Yes
    2. No

12. We would like to ask you how your parents **reward** and **punish** you and how often they do it.

(A.) How often does your mother or step mother: **READ:**	**Then read:** Never	Very Seldom	Once in a While	Fre-quently	Very fre-quently
a. Give you praise, encouragement, or approval.	1	2	3	4	5
b. Discipline or punish you by nagging, yelling, scolding	1	2	3	4	5
c. Discipline by criticizing or making fun of you.	1	2	3	4	5
d. Discipline or punish you by spanking, slapping or hitting you.	1	2	3	4	5

(B.) How often does your father or step father: **READ:**	**Then read:** Never	Very Seldom	Once in a While	Fre-quently	Very fre-quently
a. Give you praise, encouragement, or approval.	1	2	3	4	5
b. Discipline or punish you by nagging, yelling, scolding.	1	2	3	4	5
c. Discipline by criticizing or making fun of you.	1	2	3	4	5
d. Discipline or punish you by spanking, slapping or hitting you.	1	2	3	4	5

13. For the next set of questions, please answer in terms of how often your mother does these things:

READ:	**Then read:** Never	Once in a While	Some-times	Usually	Almost Always	Always
a. She comforts and helps me when I have problems.	1	2	3	4	5	6
b. She makes me feel I can talk with her about everything.	1	2	3	4	5	6
c. She makes me feel she is there if I need her.	1	2	3	4	5	6
d. When she punishes me, she explains why.	1	2	3	4	5	6
e. When she wants me to do something, she explains why.	1	2	3	4	5	6
f. She helps me with homework or lessons if there is something I don't understand.	1	2	3	4	5	6
g. She teaches me things I want to learn.	1	2	3	4	5	6
h. I know what she expects of me and how she wants me to behave.	1	2	3	4	5	6
i. When I do something she doesn't like, I know exactly what to expect from her.	1	2	3	4	5	6
j. She encourages me to try new things on my own.	1	2	3	4	5	6
k. She lets me make my own plans about things I want to do even though I might make a few mistakes.	1	2	3	4	5	6

READ:	Then read: Never	Once in a While	Some-times	Usually	Almost Always	Always
l. She lets me off lightly when I do something wrong.	1	2	3	4	5	6
m. She cannot bring herself to punish me.	1	2	3	4	5	6
n. She expects me to keep my things neat.	1	2	3	4	5	6
o. She expects me to help around the house or yard.	1	2	3	4	5	6
p. She keeps after me to do well in school.	1	2	3	4	5	6
q. She keeps after me to do better than other children.	1	2	3	4	5	6
r. She wants to know exactly where I am going when I go out.	1	2	3	4	5	6
s. She expects me to tell her exactly how I spend my money.	1	2	3	4	5	6
t. She worries that I cannot take care of myself.	1	2	3	4	5	6
u. She won't let me go places because something might happen to me.	1	2	3	4	5	6
v. When I do something she doesn't like, she acts hurt and disappointed.	1	2	3	4	5	6
w. She punishes me by trying to make me feel guilty and ashamed.	1	2	3	4	5	6
x. She punishes me by not allowing me to be with my friends.	1	2	3	4	5	6

READ:	Then read: Never	Once in a While	Some-times	Usually	Almost Always	Always
y. She punishes me by not letting me use my favorite things for awhile.	1	2	3	4	5	6

14. For the next set of questions, please answer in terms of how often your father does these things: **[Skip if no father is present in household]**

READ:	Then read: Never	Once in a while	Some-times	Usually	Almost always	Always
a. He comforts and helps me when I have problems.	1	2	3	4	5	6
b. He makes me feel I can talk with him about everything.	1	2	3	4	5	6
c. He makes me feel he is there if I need him.	1	2	3	4	5	6
d. When he punishes me, he explains why.	1	2	3	4	5	6
e. When he wants me to do something, he explains why.	1	2	3	4	5	6
f. He helps me with homework or lessons if there is some-thing I don't understand.	1	2	3	4	5	6
g. He teaches me things I want to learn.	1	2	3	4	5	6
h. I know what he expects of me and how he wants me to behave.	1	2	3	4	5	6
i. When I do something he doesn't like, I know exactly what to expect from him.	1	2	3	4	5	6

READ:	Then read: Never	Once in a while	Some-times	Usually	Almost always	Always
j. He encourages me to try new things on my own.	1	2	3	4	5	6
k. He lets me make my own plans about things I want to do even though I might make a few mistakes.	1	2	3	4	5	6
l. He lets me off lightly when I do something wrong.	1	2	3	4	5	6
m. He cannot bring himself to punish me.	1	2	3	4	5	6
n. He expects me to keep my things neat.	1	2	3	4	5	6
o. He expects me to help around the house or yard.	1	2	3	4	5	6
p. He keeps after me to do well in school.	1	2	3	4	5	6
q. He keeps after me to do better than other children.	1	2	3	4	5	6
r. He wants to know exactly where I am going when I go out.	1	2	3	4	5	6
s. He expects me to tell him exactly how I spend my money.	1	2	3	4	5	6
t. He worries that I cannot take care of myself.	1	2	3	4	5	6
u. He won't let me go places because something might happen to me.	1	2	3	4	5	6
v. When I do something he doesn't like, he acts hurt and disappointed.	1	2	3	4	5	6

READ:	Then read: Never	Once in a while	Some-times	Usually	Almost always	Always
w. He punishes me by trying to make me feel guilty and ashamed.	1	2	3	4	5	6
x. He punishes me by not allowing me to be with my friends.	1	2	3	4	5	6
y. He punishes me by not letting me use my favorite things for awhile.	1	2	3	4	5	6

15. **[Hand respondent card C.]** Which of the things listed on this card have you done with your mother (step mother) in the past 4 weeks? **(Circle all that apply)**

    1. Gone shopping
    2. Played a sport or worked out
    3. Gone to a religious service or church-related event
    4. Talked about someone you're dating, or a party you went to
    5. Gone to a movie, play, museum, or concert, or sports event
    6. Had a talk about a personal problem you were having
    7. Had a serious argument about your behavior
    8. Talked about your school work or grades
    9. Talked about other things you're doing in school

16. Which of these things have you done with your father (step father) in the past 4 weeks? **(Circle all that apply) [Use card C]**

    1 Gone shopping
    2. Played a sport or worked out together
    3. Gone to a religious service or church-related event
    4. Talked about someone you're dating, or a party you went to
    5. Gone to a movie, play, museum, or concert, or sports event
    6. Had a talk about a personal problem you were having
    7. Had a serious argument about your behavior
    8. Talked about your school work or grades
    9. Worked on a project for school
    10. Talked about other things you're doing in school

SELF-ESTEEM

17. Now we would like to ask you some questions about how you feel about yourself. Remember, all of these answers will be kept confidential.

Read:	**Then Read:** Strongly Agree	Agree	Disagree	Strongly Disagree
a. I feel I'm as good a person as others are.	1	2	3	4
b. I feel that I have a number of good qualities.	1	2	3	4
c. All in all, I feel like that I am a failure.	1	2	3	4
d. I am able to do things as well as most other people.	1	2	3	4
e. I feel I do not have much to be proud of.	1	2	3	4
f. I feel positive about myself.	1	2	3	4
g. On the whole, I am satisfied with myself.	1	2	3	4
h. I wish I could have more respect for myself.	1	2	3	4
i. I feel useless at times.	1	2	3	4
j. Sometimes I think I am no good at all.	1	2	3	4

HEALTH AND NUTRITION SECTION

Now we would like to ask you some questions about your weight and about dieting.

18. How much do you weigh? ____________

19. Would you say that you are:
READ:

1. gaining weight?
2. staying at the same weight?
3. losing weight?

20. Do you think you are:
READ:

    1. very thin?
    2. slightly thin?
    3. about average?
    4. slightly overweight?
    5. very overweight?

21. How much do you think you should weigh? ______________

22. Do you plan to lose weight to get to this weight?

    1. Yes
    2. No
    3. Don't need to

23. Do you think others believe you weigh too much?

    1. Yes
    2. No

24. Are you now dieting to lose weight?

    1. Yes
    2. No

25. If you have ever dieted, how old were you when you first started to diet? (I have never dieted is an acceptable response).

    ____

26. Are you trying to lose weight, gain weight, or stay the same weight?
READ:

    1. Lose weight (*ask Q 27*)
    2. Gain weight (*skip to Q 28*)
    3. Stay the same weight
    4. not trying to do anything about weight

27. During the past 7 days, which of the following things did you do in order to lose weight or to keep from gaining weight? **(Circle all that apply) [Show Card D]**
READ:

1. Ate less food
2. Ate less fat
3. Ate fewer calories
4. Fasted
5. Exercised more
6. Made yourself throw-up
7. Took diet pills
8. Took laxatives
9. Smoked cigarettes
10. Other (please specify/describe) ______________________________
11. NONE

28. During the past 7 days, which of the following things did you do in order to gain weight or to build muscle? **[Show Card E]**

1. Ate more food
2. Ate more protein
3. Exercised
4. Lifted weights
5. Took food supplements
6. Used steroids or supplements such as Creatine or "Andro"
7. Other (please specify/describe) ______________________________
8. NONE

29. I'd like to ask you some things about your friends and your parents.

READ:		Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
a.	My mother thinks I weigh too much.	1	2	3	4	5
b.	My mother talks about dieting all the time.	1	2	3	4	5
c.	My mother thinks I eat too much.	1	2	3	4	5
d.	My mother thinks I need to exercise more.	1	2	3	4	5
e.	My mother thinks we should exercise together.	1	2	3	4	5

READ:		Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
f.	My mother weighs too much.	1	2	3	4	5
g.	My mother thinks I need to gain weight.	1	2	3	4	5
h.	My mother thinks we need to go on a diet together.	1	2	3	4	5
i.	My father thinks I weigh too much.	1	2	3	4	5
j.	My father talks about dieting all of the time.	1	2	3	4	5
k.	My father thinks I eat too much.	1	2	3	4	5
l.	My father thinks I need to exercise more.	1	2	3	4	5
m.	My father thinks we should exercise together.	1	2	3	4	5
v.	My father weighs too much.	1	2	3	4	5
w.	My father thinks I need to gain weight.	1	2	3	4	5
x.	My father thinks we need to go on a diet together.	1	2	3	4	5

30. About how many days a week do you eat breakfast? _______

31. About how many times a day do you have a snack (not counting your meals)? _______

32. How many times a week do you take vitamins, minerals, or other supplements?
READ:

1. Never
2. < 2 times a week
3. 2-4 times a week
4. 5-7 times a week

33. During the past month, have you taken supplements in pill, liquid, or powdered form? Would you bring me some the containers of the supplements so that I can see labels? **[If the containers are brought to you, check all that apply. If they are not available, give the Card F to the subject so that he or she can tell you which ones were taken] [Record the type or types of supplements]**

____ multiple vitamin
____ multiple vitamin/multiple mineral
____ vitamin A
____ beta-carotene
____ vitamin D
____ vitamin E
____ thiamin
____ riboflavin

____ niacin
____ vitamin B6
____ vitamin B12
____ folic acid
____ pantothenic acid
____ biotin
____ vitamin C
____ other vitamins? List

____ bee pollen
____ carnitine
____ coenzyme Q10
____ creatine
____ ginseng
____ brewer's yeast

____ calcium
____ magnesium
____ iron
____ zinc
____ selenium
____ phosphorus
____ iodine
____ chromium **picolinate**

____ other minerals? List

____ protein
____ amino acids
____omega-3 fatty acids

____ guarana
____ royal jelly
____ spirulina
____ St. John's Wort
____ **Echinacea**
____ other supplements: ____________________
____
____

34. Do you smoke cigarettes?

1. Yes
2. No

[If answer is yes] How many packs do you smoke everyday? __________

35. **[If the respondent smokes]** Did you start to smoke to help you lose weight?

    1. Yes
    2. No

36. Do you drink alcoholic beverages (like beer, wine, or hard liquor)?

    1. Yes
    2. No

    [If answer is yes] How many drinks (cans, glasses, shots) do you have everyday? __________

37. **For females subjects only. If male subject, skip to question 39.**
    Have you ever been pregnant? Yes No

38. **If female, ask**: At what age did you have your first period? ____________________

39. Do you play a team sport?

    1. Yes
    2. No

    If yes, how many hours a day do you usually practice? ____________

40. Are you more active physically than most people your age, less active than most people your age or about as active as people your age?

    1. More active
    2. About the same
    3. Less active

41. Do you exercise for a minimum of 30 minutes at least five times a week?

    1. Yes
    2. No

42. How many times in the past 14 days have you done at least 30 minutes of exercise <u>hard</u> enough to make you breathe heavily and make your heart beat fast? (Hard exercise includes, for example, playing basketball, **jogging**, or **fast** bicycling; include time in physical education class)

    1. None
    2. 1 to 2 days
    3. 3 to 5 days
    4. 6 to 8 days
    5. 9 or more days

43. How many times in the past 14 days have you done at least 30 minutes of light exercise that was not hard enough to make you breathe heavily and make your heart beat fast? (Light exercise includes playing basketball, **walking** or slow bicycling; include time in physical education class)

    1. None
    2. 1 to 2 days
    3. 3 to 5 days
    4. 6 to 8 days
    5. 9 or more days

44. Does anyone in your family exercise for a minimum of 30 minutes at least five times a week?

    1. Yes
    2. No

45. During a normal week how many hours a day do you watch television and videos, or play computer video games, **or game boy** before or after school?
Is that:

    1. None
    2. 1 hour or less
    3. 2 to 3 hours
    4. 4 to 5 hours
    5. 6 to 7 hours
    6. 8 to 9 hours
    7. 10 to 11 hours
    8. 12 to 13 hours
    9. More than 13 hours

46. Some of my friends exercise for a minimum of 30 minutes at least five times a week.

    1. Yes
    2. No

47. What time do you usually go to bed on week nights? **[Write in time in this format HH:MM A for AM or HH:MM P for PM. HH = hour; MM = minutes. Please remember that midnight is 12:00A and noon is 12:00P!]**

    ______
    HH:MM (A or P)

48. **About how** many hours of sleep do you usually get **every night**?

    ______ hours

49. Do you usually get enough sleep?

    1. Yes
    2. No

50. We would next like to ask you how your mother, father and your friends feel about your eating habits.

READ:	Never	Once in a while	Frequently	Very frequently
a. My mother frequently criticizes the things I eat.	1	2	3	4
b. My father frequently criticizes the things I eat.	1	2	3	4
c. My friends frequently criticize the things I eat.	1	2	3	4
d. I usually eat more food when I'm with my friends.	1	2	3	4
e. My mother thinks I eat too much "junk" food.	1	2	3	4
f. My father thinks I eat too much "junk food"	1	2	3	4
g. When I'm with my friends I can eat what I want.	1	2	3	4

51. Next, I'd like to ask you about some of your eating habits.

Read	**Then Read:** Every-day	A couple of days a week	About once a week	A couple of times a month	About once a month	Several times a year	Never
a. How often do you eat breakfast with your family?	1	2	3	4	5	6	7
b How often do you eat lunch with your family?	1	2	3	4	5	6	7
c. How often do you eat dinner with your family?	1	2	3	4	5	6	7d.
d. How often do you have a snack at a friend's home?	1	2	3	4	5	6	7
e. How often do you go out to dinner with your family?	1	2	3	4	5	6	7

52. How important is it for you to eat dinner with your family?
READ:

1. Not important at all
2. Somewhat important
3. Important
4. Very important

53. Now I am going to ask you about where your foods and drinks came from during the last 7 days.

    1. How **many times** did you get food or drinks from a fast food restaurant in the last 7 days? (We mean food you bought yourself.) ________

    2. How **many times** did you get food or snacks from a grocery or convenience store during the last 7 days? (We mean food you bought yourself.) ___________

54. How many times last week was at least one of your parents in the room with you while you ate your dinner?

    _______________ days

55. Next, how often does your family do the following things:

READ:	**Then Read:** Never	Sometimes	Always
a. My family eats at the same time every night.	1	2	3
b. At least some of my family eats breakfast together every morning.	1	2	3
c. My family eats lunch together every Sunday.	1	2	3
d. My whole family eats together every night.	1	2	3
e. When I eat breakfast in the morning, I usually watch TV.	1	2	3
f. When I eat dinner, I usually watch TV at the same time.	1	2	3

56. How much do you agree or disagree with the following statements about dinnertime in your family?

Read:	**Then Read:** Strongly Disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
a. People in my family eat dinner whenever they want	1	2	3	4	5
b. You never know who will be home for dinner in my family.	1	2	3	4	5
c. In my family, dinnertime is more than just a meal; it is a special time.	1	2	3	4	5
d. In my family, everyone has a specific job or task to do at dinnertime.	1	2	3	4	5
e. In my family, we eat together regularly.	1	2	3	4	5
f. In my family we have a special family food night when we order "take out" food like pizza or go to a restaurant together.	1	2	3	4	5
g. In my family it is important that the family eats at least one meal together every day.	1	2	3	4	5
h. I enjoy eating meals with my family	1	2	3	4	5
i. In my family, eating brings people together in an enjoyable way.	1	2	3	4	5
j. In my family, mealtime is a time for talking with other family members.	1	2	3	4	5
k. In my family, mealtime has often been a time when people argue.	1	2	3	4	5
l. In my family, it is okay for a child to make something else to eat if he/she doesn't like the food being served.	1	2	3	4	5
m. In my family, a child should eat all of the foods served even if he/she doesn't like them.	1	2	3	4	5

57. I would like to ask you a few things about what your parents do about food.

Read:	**Then Read:** Strongly disagree	Disagree	Neither Agree/ Disagree	Agree	Strongly Agree
a. My parents buy the kinds of foods I like.	1	2	3	4	5
b. My parents buy the kinds of snacks I like.	1	2	3	4	5
c. My parents cook the kinds of foods I like.	1	2	3	4	5
d. My parents let me choose what will be served for dinner.	1	2	3	4	5
e. My parents let me pick out what kind of breakfast cereals I want.	1	2	3	4	5
f. I don't have to eat all the things my parents cook.	1	2	3	4	5
g. My parents never make me eat things I don't like.	1	2	3	4	5

The next set of questions are about the money you get and the money you spend.

58. Do you get an allowance or money for helping out around the house from your parents or someone else?
READ:

1. Yes
2. No

IF YES, ASK: How often do you get this money?

_____ more than once a week _____once a week _____ every two weeks

_____ once a month _____ other (Have them tell you how often): _____

IF YES, ASK how much money do you get?

____

59. Do you have a job?

    1. Yes
    2. No

    IF YES, ASK:

READ:	**Record Answer:**	
a. What kind of place do you work for?	____________________	
b. What kind of work do you normally do? That is, what is your job called?	____________________	
c. What do you actually do in your job? Tell me, what are your main duties?	____________________	
d. Are you self-employed or do you work for someone else?	____________________	
e. About how much do you get paid each month in your job?	____________________	
f. If you get tips or any other kind of extra money, how much do you usually get each month?	Salary?	Tips?
g. Do you have to give your parents or someone else any of the money you make from your job?	1. Yes	2. No
h. **If Yes**, How much of your income do you keep for yourself? **(In dollars)**	____________________	

60. Next we would like to know how you spend your money. We will read you a list of things and ask you about how much money you spend on these things each month.

STATE:	**THEN ASK: How much do you spend?**
a. Foods or drinks you eat at home.	______
b. Foods or drinks you eat away **from** home.	______
c. Phone bill.	______
d. Money to ride the bus.	______
e. Medicine like aspirin or vitamin pills.	______
f. Clothes and shoes.	______
g. Buying CDs or DVDs.	______
h. Buying video games.	______
i. Renting movies or video games.	______

61. What is your ethnic background?

    a. Mexican American
    b. Anglo
    c. Black
    d. Other. Please specify: ____________________

62. Gender

    1. Male
    2. Female

63. How old are you? _____

THANK YOU FOR YOUR HELP WITH OUR STUDY.

APPENDIX E

DIET RECORD FORM

DIET RECORD

SUBJECT NAME: ____________________ DATE: ______________________
SUBJECT ID #: ______________________ DAY: ______________________

Instructions:
Write down everything you eat and drink today. Please include how much you ate or drank, where the food or drink was consumed, and who was with you when you consumed the food or beverage. Also, tell us if the food or drink was a meal or a snack.
A snack is any food or beverage not eaten with a regular meal.

Time	Food/Beverage Eaten and Method of Preparation	Amount (How Much)	Where Eaten	Who Was With You	Meal (M) or Snack (S)

APPENDIX F

ANTHROPOMETRIC FORM

ANTHROPOMETRIC ASSESSMENT

INTERVIEWER NAME: ______________________

Subject Name:________________________

Subject ID#: _________________________

Age: _________

Sex: ____ Female ____Male

1. Body height _______________in. (nearest 1/8 inch)
   (without shoes and not leaning against wall)
2. Body weight _______________lbs.
   (without shoes)
3. Mid-arm circumference ____________cm.
4. Triceps skinfold thickness _____ _____ _____ = Avg. _____mm.
5. Subscapular skinfold thickness _____ _____ _____ = Avg. _____mm.
6. Waist circumference ______________cm.
7. Hip circumference ________________cm.

VITA

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EDUCATION AND HONORS

2000 – 2003 Texas A&M University
Master of Science in nutritional sciences

Summer 1998 Universidad de Salamanca
Study abroad in Spain

1996 – 2000 Texas A&M University
Bachelor of Science in nutritional sciences

Scholastic Honors
TDAF scholarship
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American Society for Healthcare Food Service Administrators scholarship
International Education Fee Study Abroad scholarship
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PROFESSIONAL EXPERIENCE

2002 – 2003 University of Houston Dietetic Internship
- The Methodist Hospital
- Texas Children's Hospital
- DaVita Dialysis Center
- The Mind Body Medical Institute

2000 - 2003 Texas A&M University
- Graduate research assistant, Child & Adolescent Nutrition research project

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